Application for Temporary Class "B" Beer or "Class B" Wine License

CASH OR CHECK ONLY!

Application MUST be on file

Note: Please allow 2-3 weeks for application processing

10 days prior to event

FEES ARE NON-REFUNDABLE

License Fee (CLCSPB)

Date Recv'd FEB 0 6 2024

\$10.00 per event

Total \$ 17.00

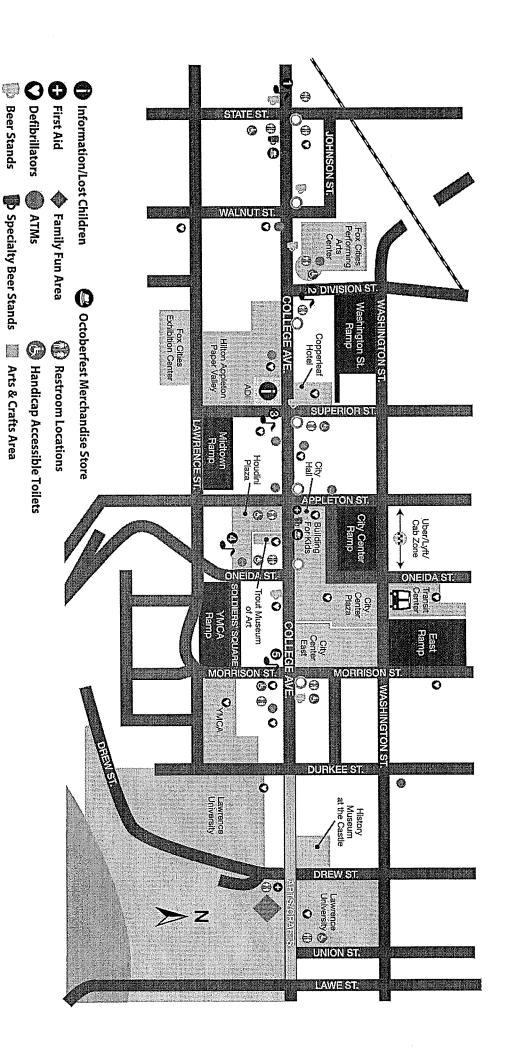
Investigation Fee \$7.00

Receipt #10256-02

SECTION 1 - PERSON IN CHARGE - Answer all questions as	ompletely. Please PR	INT clearly						
Name (First, MI, Last)	Date	of Birth	Gender					
Rebecca L. Bartoszek				Female				
Address 125 N. Superior Street	City		State WI	Zip E4044				
Phone Musches (Oswired)	Appleton Email Address		VVI	54911				
	Littali Address)t					
SECTION 2 - ORGANIZATION INFORMATION								
Name of Organization (Bona fide club, lodge or society, veteran's organization Chamber Foundation		ciation)	Date Organized September 29, 1976					
Address	City		State	Zip				
125 N. Superior Street	Appleton		WI	54911				
Organization Phone Number (Required)	ddress		terio Permanente de la constitución de la constituc					
920-734-7101	ALLIPARAFRA							
President (First, MI, Last)	ON MEMBERS	DOB		Gender				
Rebecca L. Bartoszek		1	/1969	Female				
Address 125 N. Superior Street	^{City} Appletoi		StateW					
Vice President (First, Ml, Last)	, PPIOCO	DOB		Gender				
Thomas S. Lehr			1959	Male				
Address 125 N. Superior Street	City Appletor	n	StateWI	^{Zip} 54911				
Secretary (First, MI, Last)		DOB	***************************************	Gender				
Address	City		State	Zip				
Treasurer (First, MI, Last)	n Dang), kan Juhan ya gka n sa sayami yang panagangan gang ang dan ang galabaran gankaran an Ari Prysamp dyag	DOB	and the second section of the section of t	Gender				
Address	City	i i i i i i i i i i i i i i i i i i i	State	Zip				
SECTION 3 – EVENT INFORMATION SECTION								
Event Name: Appleton's Octoberfest	ann y park a na na mara da gara sa na na na pada na mara na pada na pada na pada na pada na pada na pada na pa Na pada na na na na pada na na na na pada na na na pada na pad	a yang kalang da da menggalapan da penggalapan da penggalapan da penggalapan da penggalapan da penggalapan da Banggalapan da penggalapan da	grand i garage de la companie de la Companie de la companie de la compa	operation and a spiritual annual annual annual spiritual spiritual spiritual spiritual annual spiritual spiritu The spiritual				
Describe the event: Family friendly community festival supporting nonprofi	its in our community - incl	ludes bars, sta	ges, arts a	nd crafts, and more				
Date(s) of Event: September 28, 2024	Event Hours: 5:0	^{rrs:} 5:00 AM - 6:00 PM						
Do you plan to serve food at this event? (YES)NO If YES, cont	act the Appleton Health	s Department	. (920-83	2-6429)				
Location where beer or wine will be sold or served: See bal	locations	on at	tach	ed map				
Address	City Apple		State	,				
Temporary Class "B" License or Temporary "Class B" License (Select one or both)								
A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.								
A temporary "Class B" license to sell <u>WINE</u> at picnics or similar gather 12-month period).	ring under s. 125.51(16	O) Wis. Stats.	(Limit 2 li	censes in a				

Describe actual location and dimensions of area to be licensed: BE PRECISE! See attached map of details on College Avenue from Richmond Street to Lawe Street									
Will minors b	Ill minors be present? If YES, how will you prevent minors from obtaining alcoholic beverages?								
YES N	$^{\circ}$	ID c	D checks at each wristband location plus police presence						
SECTION 4	- PENAL	ry sect	ION						
This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances, and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. The officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief. Signature of Officer Signature of Officer									
provided in th	is application	n is true a	AL 1111			12/	4/2023		
provided in th	is application	_7	AL 1111			12/	4/2023		
provided in th	is application	_7	AL 1111			12/	4/2023		
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provided in the Signature of Control (Signature of Control (Signat	lls application Officer [E10]S1E (010)	Z lav	Fin SKK		CFO	12/	4/2023		

Return to the Office of the City Clerk: 100 N Appleton St, Appleton, WI 54911



Entertainment Stages O Wristbands

Uber/Lyft/Cab Zone