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Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 7/25/25

☐ Town ☐ Village ☒ City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

- ☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 10/17/25 and ending 10/18/25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- ☒ Bona fide Club ☐ Church ☐ Lodge/Society
☐ Veteran's Organization ☐ Fair Association or Agricultural Society
☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Appleton Ice, Inc

(b) Address 1717 E. Witzke Blvd
(Street)

☐ Town ☐ Village ☒ City

(c) Date organized 7/25/25

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President Paul Kundinger N3192 Trails End Ct. Hortonville WI 54944

Vice President Mike Hasler 1776 N. Casaloma Dr. 54913

Secretary Tamara Rozmanynowski W6453 Lynchburg Dr. Greenville WI 54952

Treasurer Natalie Kohtala 620 E Carrington Ln 54913

(g) Name and address of manager or person in charge of affair: Sarah Fenant 724 W. Verbrick St. 54915

(g)1. Date of Birth _____

(g)2. Drivers License #. _____

(g)3. Email _____

Phone _____

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 1717 E. Witzke Blvd. - Memorial Park

(b) Lot Appleton Family Ice Center

Block X

(c) Do premises occupy all or part of building? all

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Drop the Buck 2

(b) Dates of event 10/17/25 - 10/18/25

(c) Time(s) of event 10/17/25: 4pm - 8pm; 10/18/25: 10am - 9pm

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

[Signature]

(Signature / Date)

7/25/25

Appleton Ice, Inc

(Name of Organization)

Date Filed with Clerk 8/5/25

Date Granted _____

Date Reported to Committee _____

License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____