



"meeting community needs
.....enhancing quality of life"

18-1225

FEES ARE NON-REFUNDABLE	Date Rec'd <u>8/9/18</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee 7.00	Acct. 100.2359
Total Amount Paid <u>10.</u>	Receipt _____

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

The named organization applies for:					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input type="checkbox"/> A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits in a 12 month period)					
SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly					
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) <u>Democratic Party of Outagamie County</u>					Date Organized
Address <u>2701 N Onida St Ste C1</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
Person in Charge of Event: Thomas		Name: Last <u>Lee</u>	First <u>Thomas</u>	Middle Initial <u>M</u>	
Address <u>1002 N Drew St</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Person in charge phone number:
President	Last <u>Snodgrass</u>	First <u>Lee</u>	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address		City	State	Zip	
Vice President	Last <u>Lederer</u>	First <u>Matt</u>	Middle Initial	Date of Birth	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address		City	State	Zip	
Secretary	Last <u>Carlson</u>	First <u>Laura</u>	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address		City	State	Zip	
Treasurer	Last <u>Rhodes</u>	First <u>Abbey</u>	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address		City	State	Zip	
SECTION 2 - EVENT INFORMATION SECTION					
Date(s) of Event: Beginning <u>8/27/18</u>		Ending: <u>8/27/18</u>		Hours <u>3</u>	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> <u>8:30</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Please describe the type of event you are going to have: <u>Corn Roast</u>					
Do you plan to serve food at this event?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes, contact the Appleton Health Department. (920.832.6429)		
Location where beer or wine will be sold: <u>Pavillion</u>					
Address <u>Erb Park</u>		City	State	Zip	
Are you requesting an "open concept" license?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Will minors be present? <u>(maybe)</u>		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Describe actual location and dimensions of area to be licensed - Be precise! <u>Erb Park Pavillion (Benches)</u>		If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Volunteer oversees keg</u>			
SECTION 3 - PENALTY SECTION					
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					
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L	Council	Date Issued	Exp. Date	License Number	