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: 12-15-24

☐ 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 5-31-25 and ending 5-31-25 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 Sacred Heart Church

(b) Address 222 E. Fremont St. Appleton, Wi 54915
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1898

(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

Vice President NA

Secretary

Treasurer

(g) Name and address of manager or person in charge of affair: Dave Erickson W6060 Dahlia Dr. Appleton, Wi 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 222 E. Fremont St. Appleton, Wi. 54915

(b) Lot Block

(c) Do premises occupy all or part of building? Yes-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 Family Fun Night

(b) Dates of event 5-31-25

(c) Time(s) of event 5:00 - 9:00 pm

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] 12-15-24
(Signature / Date)

Sacred Heart Church
(Name of Organization)

Date Filed with Clerk DEC 17 2024

Date Granted

Date Reported to Committee

License No.

COA Dept. Approval: Police Fire Health