

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: 03/05/2025

☐ 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 1:00pm and ending 8:00pm 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 Rotary Club of Appleton

(b) Address PO Box 7037 Appleton, WI 54912
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 04/1917 (4/1917)

(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 Erin Schultz-Weg 22 N. Saint Josephs Lane, Fond du Lac, WI 54911

Vice President Garrett Singer 1411 N. Superior St. Appleton, WI 54911

Secretary Haley Mestiko 1835 E. Edgewood Dr, Suite 102 Appleton, WI 54913

Treasurer Garrett Singer same as above

(g) Name and address of manager or person in charge of affair: Erin Schultz-Weg

(g)1. Date of Birth: _____

(g)2. Drivers License #: _____

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 Jones Park - 301 W. Lawrence St.

(b) Lot Parking Lot by Stage Block _____

(c) Do premises occupy all or part of building? No

(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: All of Jones Park

3. Name of Event

(a) List name of the event Fox Valley Pride

(b) Dates of event 06/21/2025 (Rain date: 6/28/2025)

(c) Time(s) of event 1:00pm to 8:00pm

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 Erin Schultz-Weg President Rotary Club of Appleton
(Signature / Date) (Name of Organization)

Date Filed with Clerk 3/5/25

Date Granted _____

Date Reported to Committee _____

License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____