

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: 4.14.25
County of Outagamie

☐ Town ☐ Village ☒ City of Appleton

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 5.2.25 and ending 5.3.25 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 Photo Off

(b) Address 621 N Bateman St Appleton WI 54911
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 8/22

(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 Amy James 3026 Buttercup Rd Neenah 54956

Vice President Graham Washatka 234 Coraine Ave Neenah 54956

Secretary Morgan Kirchenwite 701 S Goldenrod Dr Appleton WI 54914

Treasurer John Adams 425 E Circle St Appleton WI 54911

(g) Name and address of manager or person in charge of affair: John Adams 425 E Circle St Appleton

(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 621 N Bateman St Appleton WI 54911

(b) Lot _____ Block _____

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

(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

3. Name of Event

(a) List name of the event Heart of Darkness Art opening

(b) Dates of event 5/2-5/3

(c) Time(s) of event 4p-10p

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)

Photo Off
(Name of Organization)

Date Filed with Clerk 4/14/25
Date Granted _____

Date Reported to Committee _____

License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____