



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

17-420

| | |
|---------------------------------|---------------------------|
| FEES ARE NON-REFUNDABLE | Date Rec'd <u>3/31/17</u> |
| License Fee - \$10.00 per event | Acct. 11030.4322 |
| Investigation Fee + 7.00 | Acct. 100.2359 |
| Total Amount Paid <u>17.</u> | Receipt <u>4675489</u> |

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 checked="" 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) | | | | | | Date Organized | |
| St. Thomas More Congregation - Casino Night | | | | | | 09/01/1963 | |
| Address | | | City | | State | Zip | |
| 1810B N. McDonald St. | | | Appleton | | WI | 54911 | |
| Person in Charge of Event: | | | Name: | Last | First | Middle Initial | [REDACTED] |
| | | | Simon | Curt | J. | | |
| Address | | | City | State | Zip | Person in charge phone number: | |
| 3116 E. Greenleaf Dr. | | | Appleton | WI | 54913 | 920-830-4143 | |
| President | Last | First | Middle Initial | Date of Birth | | Male | Female |
| | Lucas | Rev. James | W. | [REDACTED] | | X | |
| Address | | | City | | State | Zip | |
| 2001 N. McDonald St. | | | Appleton | | WI | 54911 | |
| Vice President | Last | First | Middle Initial | Date of Birth | | Male | Female |
| Address | | | City | | State | Zip | |
| Secretary | Last | First | Middle Initial | Date of Birth | | Male | Female |
| Address | | | City | | State | Zip | |
| Treasurer | Last | First | Middle Initial | Date of Birth | | Male | Female |
| Address | | | City | | State | Zip | |
| SECTION 2 - EVENT INFORMATION SECTION | | | | | | | |
| Date(s) of Event: Beginning 05 / 01 / 17 | | | | Ending: 05 / 01 / 17 | | Hours 4:00 XXX PM 11:00 XXX PM | |
| Please describe the type of event you are going to have: Dinner & Casino Night | | | | | | | |
| Do you plan to serve food at this event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, contact the Appleton Health Department. (920.832.6429) | | | | | | | |
| Location where beer or wine will be sold: Lower Level Cafeteria, Fellowship Hall and Gym of ST. Thomas More School | | | | | | | |
| Address | | | City | | State | Zip | |
| 1810 N. McDonald St. | | | Appleton | | WI | 54911 | |
| Are you requesting an "open concept" license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | Will minors be present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Describe actual location and dimensions of area to be licensed - Be precise! Lower Level Cafeteria, Fellowship Hall & Gym of St Thomas More School Building | | | | If yes, how will you prevent minors from obtaining alcoholic beverages? The beverage area will be supervised at all times by an adult & ID will be checked. | | | |
| 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 Rev. James Lucas | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | |
| Dept. | Approve | Deny | By | Reason | | | |
| Police | | | | | | | |
| Fire | | | | | | | |
| Health | | | | | | | |
| Inspection | | | | | | | |
| S&L | | Council | | Date Issued | | Exp. Date | License Number |