



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

**FEES ARE NON-REFUNDABLE**

Date Rec'd 4/18/19

License Fee - \$10.00 per event

Acct. 11030.4322

Investigation Fee 17 + 7.00

Acct. 100.2359

Total Amount Paid 17

Receipt 8340

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

**The named organization applies for:**

- A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.
- 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) St Francis Xavier Catholic School System Date Organized \_\_\_\_\_

Address 101 E. Northland City Appleton State WI Zip 54911

Person in Charge of Event: Name: Staff, Lisa Schmidt, Toni Last First Middle Initial Date of Birth

Address 11769 Shadybrook Ln City Greenville State WI Zip 54942 Person in charge phone number: \_\_\_\_\_

President DuBois Last First Deacon Ray Middle Initial Date of Birth Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 5/5/19 Ending: 5/5/19 Hours 9:00 AM PM 4:00 AM  PM

Please describe the type of event you are going to have: International Food Fair

Do you plan to serve food at this event? No  Yes  If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold: Xavier High School

Address 1600 W Prospect Ave City Appleton State WI Zip 54914

Are you requesting an "open concept" license? No  Yes  Will minors be present? No  Yes

Describe actual location and dimensions of area to be licensed - Be precise! Enclosed tent/Gym If yes, how will you prevent minors from obtaining alcoholic beverages? Check ID

**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 [Signature]

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L			Date Issued	Exp. Date
				License Number