

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

## **FEES ARE NON-REFUNDABLE**

License Fee - \$10.00 per event

Investigation Fee + Total Amount Paid \_\_\_\_\_\_

Acct Code: CLCSPB
+ 7:90
Acct Code: CLCPIF
Receip 94 - 3

Date Rec'd 10 /12/21

## Application for Temporary Class "B" Beer or "Class B" Wine License

*Application MUST be on file for 10 days prior to event, please allow	2-3 weeks for processing*			
The named organization applies for: (Please check one	or both)			
A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at	picnics or similar gathering unde			
A temporary "Class B" license to sell WINE at picnics or similar gathering	g under s. 125.51(10) Wis. Stats	(Limit 2 licenses in	a 12 month p	eriod)
SECTION 1 - ORGANIZATION INFORMATION - Answer	all questions completel	y. Please PRIN	T clearly	
Name of Organization (Bona fide club, lodge or society, veteran's organization (Bona fide club, lodge or society).	ganization or fair association)	Date Organize		14
Address 333 IN COLLEGE Are Ste 100	City Apple from S	State V	<sup>Zip</sup> 540	912
Person in Charge of Event: Name: Last	y First Jennite	M. I.L	Date of Bi	. (
Address W College Ave St 100 Apple to	State Zip State Zip 549	Person in char	ge phone ren	her:
President Last Varable First aura	Middle Initial	Date of Birth	Male	Femal
Address 4321 N Ballaru Rd	Appleron	State W	Zip 540	
Vice President Last KING First LUSSA	Middle Initial M	Date of Birth	Male	Femal
Address 211 W College Are	Applyton	State W I	Zip 549	112-
Secretary Last KIISTEV First TOM	Middle Initial 5	Date of Birth	Male X	Femal
Address 100 W Lawrence St Sta 214	Apputon	State W	Zip540	111
Treasurer Last CMSWM First Ste Ne	Middle Initial	Date of Birth	Male	Femal
Address 1604 S old oneida St	City/poutm s	State	Zip 549	111
SECTION 2 – EVENT INFORMATION SECTION		1216		
Date(s) of Event: Beginning 1 / 20 / 21 Ending:	20/21 Hours 3	AM (PM)	T A	M (PM)
Please describe the type of event you are going to have:	up Apputur	1	•	
Do you plan to serve food at this event? No Yes If yes, con	tact the Appleton Health Dep	artment. (920.832.	.6429)	
Location where beer or wine will be sold or served:	plaza			
Address	City Appultur	State (	Zip 540	W
Describe actual location and dimensions of area to be licensed below:- BE PRECISE!	Will minors be present?		No	Yes
	If yes, how will you prevent	minors from obtai	ining alcohol	lic
Full use of Park Area	beverages? Wristban	d reauch	ed wi	ID to
SECTION 3 – PENALTY SECTION	WILLCON		ender	<b>1</b>
This application must be on file in the Office of the City Clerk for at least ten (10) busine	ss days prior to granting the license.	Well 11		
If the event will last more than four (4) days, the application shall be filed 15 days prior to This organization also agrees to comply with all laws, resolutions, ordinances and regulat		the sale of fermented m	alt beverages if	the
license is granted. The officer(s) of the organization, individually and together, declare u			-	
correct to the best of their knowledge and belief.	And the second s			
Signature of Officer				
FOR OFFICE USE ONLY				
Dept. Approve Deny By	Reason			
Police Fire				
Health				
Inspection				
S&I, 10-27-2021 Date Issued	Exp. Date	License Number	er	