



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee 17 + 7.00

Total Amount Paid _____

Date Rec'd / /

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt 2077-7

5621

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 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 licenses 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) Appleton Firefighters Local 257 Date Organized _____

Address 700 N. Drew St City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Kinley First Troy M. I. J Date of Birth / /

Address 1891 Minosa Ln City Neenah State WI Zip 54956 Person in charge phone number: / /

President Last Pelkin First Scott Middle Initial _____ Date of Birth _____ Male Femal _____

Address _____ City Appleton State _____ Zip _____

Vice President Last Moeller First Mike Middle Initial _____ Date of Birth _____ Male Femal _____

Address _____ City Appleton State _____ Zip _____

Secretary Last Unruh First Steve Middle Initial _____ Date of Birth _____ Male Femal _____

Address _____ City Appleton State _____ Zip _____

Treasurer Last Unruh First Steve Middle Initial _____ Date of Birth _____ Male Femal _____

Address _____ City Appleton State _____ Zip _____

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 08/7/21 Ending: 08/7/21 Hours 0800 AM / PM 11:00 AM / PM

Please describe the type of event you are going to have: Softball Tournament

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 or served: SE of Pavilion @ Memorial Park

Address Witzke Blvd City Appleton State WI Zip 54913

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! _____ Will minors be present? No Yes

SE of Pavilion, 1 Refrigerated trailer with tables separating servers If yes, how will you prevent minors from obtaining alcoholic beverages? Only FD members will be serving

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

to all members served