



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>5/3/17</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee <u>17.00</u> + 7.00	Acct. 100.2359
Total Amount Paid <u>17.00</u>	Receipt <u>4695528</u>

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) Appleton Area Jaycees Date Organized 1960s?

Address 1444 E Northland Ave City Appleton State WI Zip 54911-3

Person in Charge of Event: Name: Last Szerke First Amber Middle Initial M. Date of Birth [REDACTED]

Address 2470 W Glendale Ave City Appleton State WI Zip [REDACTED] Person in charge phone number: [REDACTED]

President	Last <u>Simonsen</u>	First <u>Nathan</u>	Middle Initial	Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Address	<u>W2801 Robert</u>			City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>
Vice President	Last <u>Szerkes</u>	First <u>Amber</u>	Middle Initial	Date of Birth <u>[REDACTED]</u>	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
Address	<u>3115 W Glenpark Dr AG</u>			City <u>Appleton</u>	State <u>WI</u>	Zip <u>54914</u>
Secretary	Last <u>Fisher</u>	First <u>Kirkland</u>	Middle Initial	Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Address	<u>1630 N McCarthy Rd Apt 3</u>			City <u>Grandchute</u>	State <u>WI</u>	Zip <u>54913</u>
Treasurer	Last <u>McMaraeck</u>	First <u>Seneca</u>	Middle Initial	Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Address	<u>1123 Poppy Lane</u>			City <u>Winneconne</u>	State <u>WI</u>	Zip <u>54984</u>

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 7/3/17 Ending: 7/4/17 Hours 3 AM (PM) 12 AM (PM)

Please describe the type of event you are going to have:
Fireworks concession / city of Appleton Fireworks

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:
at Memorial Park

Address 1620 E Witzke Blvd City Appleton State WI Zip 54911

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 - next to stage at park = rectangle 20' at top of hill = square 20' x 20' How will you prevent minors from obtaining alcoholic beverages? wrist band stations required

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	Council	Date Issued	Exp. Date	License Number

11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799