


Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event  (applicant background investigation fee)

Application Date: 8/20/24

Town Village City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 9/7/24 and ending 9/7/24 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) → Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Heart of the Valley Lions Club

(b) Address PO Box 151, Combined Locks, WI 54113
(Street) Town Village City

(c) Date organized 2018

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Beth Sewall, 207 Hidden Ridge Way, Combined Locks, WI 54113

Vice President Christine Vavrek, 1526 Hanson St Kaukauna, WI 54130

Secretary Kelly Laird, 510 Richard St, Combined Locks, WI 54113

Treasurer Michelle Vanden Bosch, N9603 Harde L Dr, Appleton, WI 54915

(g) Name and address of manager or person in charge of affair: Jan Schinke

(g)1. Date of Birth _____ (g)2. Drivers License n. _____ Email: _____ Phone: _____

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 301 W. Lawrence St. Jones Park

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Ampitheater to Pavilion

3. Name of Event

(a) List name of the event Sol Dance Music Festival

(b) Dates of event 9/7/24

(c) Time(s) of event Noon to 10 pm

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Beth Sewall 8/19/24
(Signature / Date)

Heart of the Valley Lions Club
(Name of Organization)

Date Filed with Clerk AUG 20 2024

Date Reported to Committee 8/28/24

Date Granted _____

License No. _____

COA Dept. Approval: Police Fire _____ Health _____