## 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 + \$7_ (applicant background investigation	Application Date:
☐ Town ☐ Village ☒ City of	Appleton County of OUTAGAMIE
A Temporary "Class B" license to sell wine at pi at the premises described below during a special e	d malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats. cnics or similar gatherings under s. 125.51(10), Wis. Stats.
1. Organization (check appropriate box) → □ □ □	Bona fide Club
(a) Name APPLETON DOWNTOWN, INC.	•
(b) Address 333 W. COLLEGE AVE., APPLETON	N, WI 54911
(Street)	☐ Town ☐ Village ✔ City
(c) Date organized <u>4/2/1993</u>	
(d) If corporation, give date of incorporation	
box: 🗸	hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check the
(f) Names and addresses of all officers:  President LYSSA KING, 211 W. COLLEGE A	
Vice President STEVE LONSWAY, 1004 S. C	
Secretary KOLBY KNUTH, 901 S. LAWE ST.,	
Treasurer TOM KLISTER, 229 E. WASHINGT	
	charge of affair: EPHANY, 333 W. COLLEGE AVE., APPLETON, WI 54911
(g)1. Date of Birth. (g)2. Drivers Licens	se #: (g)3. Email Phone.
Location of Premises Where Beer and/or W Beverage Records Will be Stored:     (a) Street number 301 W. Lawrence St., Appleton	ine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcoh
(b) Lot	Block
(c) Do premises occupy all or part of building?	
(d) If part of building, describe fully all premises to cover: FULL USE OF JONES PARK AREA	s covered under this application, which floor or floors, or room or rooms, license
3. Name of Event (a) List name of the event SUMMER CONCERT	
· ·	/2025 through 8/28/2025 (EXCLUDING 7/3/2025) (12 Thursdays
(c) Time(s) of event 5:30 PM - 8:30 PM	
An officer of the organization, declares under penal best of his/her knowledge and belief. Any person way be required to forfeit not more than \$1,000,	DECLARATION  ties of law that the information provided in this application is true and correct to the synonymus provides materially false information in an application for a licential synonymus provides.
Officer (Signature / Date)	MANUSAN JACON (Name of Organization)
Date Filed with Clerk 2/20/25	Date Reported to Committee
Date Granted	License No.
	COA Dept. Approval: Police Fire Health