



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

FEES ARE NON-REFUNDABLE

Date Rec'd 5/14/21

License Fee - \$10.00 per event

Acct. 11030.4322

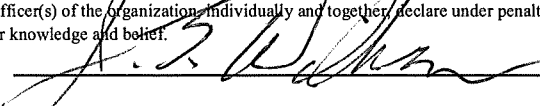
Investigation Fee + 7.00

Acct. 100.2359

Total Amount Paid 17

Receipt 2109-9

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

The named organization applies for:				
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.				
<input checked="" type="checkbox"/> 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)				Date Organized
Fox Valley Vietnam Veterans Association				Oct. 1983
Address		City	State	Zip
120 N. Morrison		Appleton	WI	54911
Person in Charge of Event:	Name: Last	First	Middle Initial	Date of Birth
	Willemms	David	G	●●●●●●
Address		City	State	Zip
59 S. Meadow Dr.		Appleton	WI	54915
Person in charge phone number: ●●●●●●●●●●				
President	Last	First	Middle Initial	Date of Birth
	Boettcher	Bob	A	●●●●●●
Address		City	State	Zip
1409 Harrison		Appleton	WI	54911
Vice President	Last	First	Middle Initial	Date of Birth
	Falk	Don	F	●●●●●●
Address		City	State	Zip
528 Claire Dr.		Appleton	WI	54915
Secretary	Last	First	Middle Initial	Date of Birth
	Wilharms	Joe	E	●●●●●●
Address		City	State	Zip
77064 Verna Rd		Menasha	WI	54952
Treasurer	Last	First	Middle Initial	Date of Birth
	Wilharms	Joe	E	●●●●●●
Address		City	State	Zip
77064 Verna Rd		Menasha	WI	54952
SECTION 2 - EVENT INFORMATION SECTION				
Date(s) of Event: Beginning		Ending:	Hours	AM PM
8/5/21		8/8/21	11:00	AM
Please describe the type of event you are going to have:				
FREE music event open to the general public				
Do you plan to serve food at this event? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429)				
Location where beer or wine will be sold:				
WASHINGTON SQUARE				
Address		City	State	Zip
100 E. Washington St.		Appleton	WI	54911
Are you requesting an "open concept" license?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Describe actual location and dimensions of area to be licensed - Be precise! ENTIRE SPACE AT WASH. SQ. PLEASE see attached photo		If yes, how will you prevent minors from obtaining alcoholic beverages? Wristband Purchase w/ I.D. and Drink tickets. Licensed bar tender on site.		
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 				
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