



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

| | |
|---------------------------------|---------------------------|
| FEES ARE NON-REFUNDABLE | Date Rec'd <u>7/29/22</u> |
| License Fee - \$10.00 per event | Acct Code: CLCSPB |
| Investigation Fee + 7.00 | Acct Code: CLCPIF |
| Total Amount Paid <u>17</u> | Receipt <u>3884-2</u> |

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) | | | |
| <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 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) <u>St Joseph Catholic church</u> | | | Date Organized <u>1867</u> |
| Address <u>404 W Lawrence St</u> | | City <u>Appleton</u> | State <u>WI</u> Zip <u>54911</u> |
| Person in Charge of Event: Name: Last <u>Bartels</u> First <u>Jacque</u> M. I. <u>A</u> | | Date of Birth <u>[REDACTED]</u> | |
| Address <u>Kellin Alvin St</u> | | City <u>Appleton</u> | State <u>WI</u> Zip <u>54911</u> Person in charge phone number: <u>[REDACTED]</u> |
| President <u>Pastor</u> Last <u>Selvam</u> First <u>Raja</u> Middle Initial | Date of Birth <u>[REDACTED]</u> | | Male <input checked="" type="checkbox"/> Female |
| Address <u>404 W Lawrence St.</u> | | City <u>Appleton</u> | State <u>WI</u> Zip <u>54911</u> |
| Vice President <u>Trustee</u> Last <u>Branson</u> First <u>Patrick</u> Middle Initial <u>E</u> | Date of Birth <u>[REDACTED]</u> | | Male <input checked="" type="checkbox"/> Female |
| Address <u>N 4162 Birch Tr</u> | | City <u>Freedom</u> | State <u>WI</u> Zip <u>54130</u> |
| Secretary <u>Trustee</u> Last <u>Toppins</u> First <u>Mary</u> Middle Initial <u>K.</u> | Date of Birth <u>[REDACTED]</u> | | Male <input checked="" type="checkbox"/> Female |
| Address <u>4517 N Haymeadow Ave</u> | | City <u>Appleton</u> | State <u>WI</u> Zip <u>54913</u> |
| Treasurer | Last | First | Middle Initial |
| Address | | City | State |
| SECTION 2 – EVENT INFORMATION SECTION | | | |
| Date(s) of Event: Beginning <u>9/10/22</u> Ending: <u>9/11/22</u> | | Hours | <u>3-8</u> AM <input type="checkbox"/> <u>8-12</u> AM <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Please describe the type of event you are going to have: <u>Fall Festival Parish Fundraiser</u> | | | |
| 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 or served: <u>St Joseph Catholic Church</u> | | | |
| Address <u>404 W Lawrence St</u> | | City <u>Appleton</u> | State <u>WI</u> Zip <u>54911</u> |
| Describe actual location and dimensions of area to be licensed below: - BE PRECISE! | | Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | |
| <u>Fall festival will be in the West parking lot at church</u> | | If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Licensed Bartender</u> | |
| 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 <u>Jacque Bartels</u> | | | |
| FOR OFFICE USE ONLY | | | |
| Dept. | Approve | Deny | By |
| Police | | | |
| Fire | | | |
| Health | | | |
| Inspection | | | |
| S&L | <u>8/10/22</u> | Date Issued | Exp. Date |
| | | | License Number |