



OFFICE OF CITY CLERK
FILED
NOV 26 2019
"meeting community needs"
APPLETON, WISCONSIN
.....enhancing quality of life"

FEES ARE NON-REFUNDABLE Date Rec'd 12/4/19
 License Fee - \$10.00 per event Acct. 11030.4322
 Investigation Fee + 7.00 Acct. 100.2359
 Total Amount Paid 17- Receipt 22-0004

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) **St Thomas More Congregation - Casino Night** Date Organized **09/01/1963**

Address **1810B N McDonald St** City **Appleton** State **WI** Zip **54911**

Person in Charge of Event: Name: Last **Simon** First **Curt** Middle Initial **J** Date of Birth

Address **3116 E Greenleaf Dr** City **Appleton** State **WI** Zip **54913** Person in charge phone number:

President Last **Wood** First **Lincoln** Middle Initial Date of Birth Male Female

Address **1825 N McDonald St** City **Appleton** State **WI** Zip **54911**

Vice President Last First Middle Initial Date of Birth Male Female

Address City State Zip

Secretary Last First Middle Initial Date of Birth Male Female

Address City State Zip

Treasurer Last First Middle Initial Date of Birth Male Female

Address City State Zip

SECTION 2 – EVENT INFORMATION SECTION

Date(s) of Event: Beginning **02 / 14 / 20** Ending: **2 / 14 / 20** Hours **4:00** **AM** **PM** **11:00** **AM** **PM**

Please describe the type of event you are going to have:
Dinner & Casino Night

Do you plan to serve food at this event? Yes No If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold:
Lower Level Cafeteria, Fellowship Hall and Gym at St. Thomas More Parish

Address **1810 N McDonald St** City **Appleton** State **WI** Zip **54911**

Are you requesting an "open concept" license? No Yes Will minors be present? Yes No

Describe actual location and dimensions of area to be licensed –
Be precise!
Lower Level Cafeteria, Fellowship Hall & Gym at St Thomas More Parish
If yes, how will you prevent minors from obtaining alcoholic beverages?
The beverage area will be supervised at all times by an adult & ID will be checked

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 *Don Simon*

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L	Council	Date Issued	Exp. Date	License Number