

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee + 7.00
Total Amount Paid

Date Recv'd 4/) (3)
Acct. 11030.4322
Acct. 100.2359

Receipt 1974-6

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

The named organization applies for:												
X A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.25(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) Date Organized												
Appleton Fox Cities Kiwanis Club 9/22/1972												
Address PO Box 62						Ci Ap	ty pleton		State WI	Zip 54912		
Person in Charge of Event: Name: Las						t	Fi	rst	Middle Initial	Date of Birth		
Address 3209 S. White Bird	n Lane				City Appleton		State WI	Zip 5491	Person in char	ge phone n	umber:	
President	Last Dick			First Rosema	rie	Midd	le Initial		Date of Birth	Male	Female x	
Address 124 W Marquette Street						Ci Appl		,	State	Zip 54911		
Vice President	Last Long Radl	off		First Sarah			le Initial		Date of Birth	Male	Female x	
Address 1628 W Packard		***************************************			-	Ci Appi			State	Zip 54914		
Secretary	Last Shrode			First Paul			lle Initial		Date of Birth	Male	Female	
Address 726 E. Washington St.						Ci Appl	eton	\	State	Zip 54911		
Treasurer	Last Aronson			First Eric			le Initial	· · · · · · · · · · · · · · · · · · ·	Date of Birth	Male ×	Female	
Address 3609 S. Christopher Ct.						Ci Appi			State	Zip 54915		
SECTION 2 — EVENT INFORMATION SECTION												
Date(s) of Event: Beginning 7 / 18 / 2021 Ending: 7 / 18 / 2021 Hours 8:00 AM PM 4:00 AM PM												
Please describe the type of event you are going to have: Antique Car Show, Swap Meet, and Concessions												
Do you plan to serve food at this event? No Yes If yes, contact the Appleton Health Department. (920.832.6429)												
Location where beer or wine will be sold: Pierce Park- inclosed by Prospect, Lutz, and Mason streets. 3 beverage stands within the park borders and 2-4 beverage carts.												
Address Pierce Park						City Appleton			State NI	Zip	Zip 54911	
Are you requesting an "open concept" license? No Yes						Will minors be present?				No Yes		
Describe actual location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining alcoholic												
Be precise! Northwest of pavilion, near tennis courts, Inside pavilion beverages? ID Checking at all stands, monitor grounds.												
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												
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Fire												
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S&L	Council Date Issued					l	Exp. Date		License Numb	er		