

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee + 7.08

Total Amount Paid _______

Date Rec'd 8/27/22

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt 3948 - 7

Application for Temporary Class "B" Beer or "Class B" Wine License

			s for: (Please check o			36	
A temporary (lass "B" licens	e to sell FE	RMENTED MALT BEVERAGE	S at picnics or s	imilar gathering		
			INE at picnics or similar gath	····			
			FORMATION – Answ	•			
('reative		fide club,	lodge or society, veteran's Appleton 11	organization	or fair associat	10.2	3-2014
Xddress 333 W	. Colle	ge f	Ive Ste 100	City Ap	pleton	State V)	Zip 54912
Person in Ch	arge of Ev	ent:	Name: Last	nanu	First () Enni	ter L	Date of Birth
Address DI 333 W	College +	tre S	te 100 Applet	ขท	State Z	Person in char 54912	ge phone number:
President	Last V	raos	KO First LAWYO	Middle I	nitial E	Date of Birth	Male Female
Address 432	21 N. E	3 a 11a	rd Rd	City	ppieton	State W)	Zip 54919
Vice President	Last K I	ng	FirstLyssa	Middle I	nitial M	Date of Birth	Male Female
Address 2		<u>011 ea</u>	 	City Ap	pleton	State W	Zip54912
Secretary Address	Last K	lister	0 0 0	Middle I	Initial T	Date of Birth	Male Female
Treasurer	Tact 1	(W)ren	T2!4	<u>† //</u>	pp12tvn nitial_	State Date of Birth	Zip 54911 Male Female
Address 100L	1	<u>nswa</u>	y First Steve		ppleton	State W)	Zip 5 4 9 11
SECTION 2 - E	+		<u> </u>	1 /	ppicioni	1 007	1 0 1 111
Date(s) of Event		11/10	2 / 2.2 Ending: 11	1 101125	7 Hours	3 AM/PM	-7 AM /PM
Please describe t	he type of eve	ent you ar	e going to have: Ligh	it UD	Appleto	<u> </u>	
Do you plan to so	erve food at th	nis event?	No Yes If yes,	contact the Ap	opleton Health	Department. (920.832	.6429)
Location where b	peer or wine v	vill be sol	d or served: Houd	ini P	192a		
Address				City	nol1 tor	State	Zip 54911
Describe actual l					ors be present?	······································	No Yes
to be licensed be	low:- BE PR	ECISE!	H oudi	If yes, ho	w will you prev	vent minors from obta	ining alcoholic
Full U(1	of Pa	1/Y.	Anea	beverages	thand!	required w	ID HULL
SECTION 3 - F	PENALTY SE	CTION	W L	WI	licens	ed barteno	1-10
			City Clerk for at least ten (10) bu	siness days prior	to granting the licer	ise.	
	٠,,		plication shall be filed 15 days pr vs, resolutions, ordinances and re			ating the cale of formant-4	alt bayaragas if the
-			vs, resolutions, ordinances and re- n, individually and together, decla		The state of the s	•	•
correct to the best of t	<i>-</i>		# S/ 1/1	1. /		- ·	
Signature of Offic	er /	nne			>		
FOR OFFICE U	SE ONLY						
Dept.	Approve	Deny	Ву	Reasor	1		
Police							
Fire	-						
Health	1						
Inspection	<u> </u>	Date Icon	ad.	Eva P	note	Liaansa Musak	or
S&L 10-12-2	۷	Date Issue	tu Die	Exp. D	ale	License Numb	ег