



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>2/22/22</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>3032-4</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)

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 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) TROUT MUSEUM OF ART Date Organized 1967

Address 111 W. College Ave. City APPLETON State WI Zip 54911

Person in Charge of Event: Name: Last Turner First Christina M. I. S. Date of Birth 08/01/88

Address 111 W. College Ave. City Appleton State WI Zip 54911 Person in charge phone number: (920) 832-6429

President Last Schroeder First Kristi Middle Initial _____ Date of Birth _____ Male _____ Female

Address Kimberly Clark N6615 Appletree Ct. City Greenville State WI Zip _____

Vice President Last Ulman First Renee Middle Initial _____ Date of Birth _____ Male _____ Female

Address 519 N. Sampson St. City APPLETON State WI Zip 54911

Secretary Last Cain First Karen Middle Initial _____ Date of Birth _____ Male _____ Female

Address Caldwell Banker 13 Tilbury Ct. City Appleton State WI Zip 54913

Treasurer Last Brogan First John Middle Initial _____ Date of Birth _____ Male Female _____

Address BANK OF KAUKAUNA 264 W. WI. AVE City KAUKAUNA State WI Zip 54130

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 7/23/22 Ending: 7/24/22 Hours 9:00 AM PM 4:00 SAT SUN PM

Please describe the type of event you are going to have: ART AT THE PARK

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 or served: CITY PARK. NEAR MUSIC STAGE / PAVILLION

Address 500 E. FRANKLIN City APPLETON State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! entire park Will minors be present? No Yes

If yes, how will you prevent minors from obtaining alcoholic beverages? Sale of wrist band upon ID check.

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 [Signature]

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L 04/13/2022	Date Issued		Exp. Date	License Number