



Alcohol License Premises Amendment Request Form

CASH OR CHECK ONLY!

Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE

Date Recv'd 6/20/24

License Fee - \$10.00/event (CLCAGP) Total \$ 10

Receipt #: 7023-3

SECTION 1 - ESTABLISHMENT INFORMATION

Name of Establishment <u>The Trout Museum of Art</u>	Establishment Phone Number <u>920-733-4089</u>
Address of Establishment <u>111 W. College Ave Appleton, WI 54911</u>	
Agent Name <u>Christina Turner</u>	Agent Phone Number (Required)

SECTION 2 - PREMISES AMENDMENT - *A drawing/diagram of the proposed area must be submitted with this application*

Is this Premises Amendment Permanent? YES NO

Please describe the change in premises: 9/5/24 event with outside bar and music. Will be utilizing Houdini Plaza stage for music. (100-150 guests)

If temporary, please specify the reason for the amendment: Party for museum. Guests will be members of the Contemporaries.

If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: 9/5/2024 1pm-10pm

SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: Christina Turner Date: 6/20/24

FOR OFFICE USE ONLY

Department	Approve	Deny	Staff Member	Reason
Police				
Fire				
Health				
Community Development				
Inspections				
Finance				
Public Works				
Safety and Licensing Date:	Recommendation:		Common Council Date:	Recommendation:
Date sent for Review	Date Approved	Date Issued	Expiration Date	License Number
___/___/___	___/___/___	___/___/___	___/___/___	