



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee + 7.00

Total Amount Paid 17Date Rec'd 1/26/23

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt 4527-3**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 08/01/1988

Address 111 W. College Ave City Appleton State WI Zip 54911 Person in charge phone number: (920) 832-1111

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

Address Kimberly Clark 11815 Apple Tree Ct. City Greenville State WI Zip 54942

Vice President Last Cain First Karen Middle Initial Date of Birth Male ☒ Female

Address Colanville Banker 13 Tibury Ct. City Appleton State WI Zip

Secretary Last Zinski First Beth Middle Initial Date of Birth Male ☒ Female

Address Lawrence University 711 E Boldt Way City Appleton State WI Zip 54911

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

Address Bank of Kaukauna 264 W. Wisc. Ave City Kaukauna State WI Zip 54130

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 7/22/23 Ending: 7/23/23 Hours 9 AM / PM 5:00 SAT 4:00 SUN (M) (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 / Pavilion

Address 500 E. Franklin St. City Appleton State WI Zip 54911

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

Entire Park If yes, how will you prevent minors from obtaining alcoholic beverages? Sale of wristband 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 Christina Turner

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L 04/26/2026	Date Issued		Exp. Date	License Number