



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u> / / </u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>10</u> + 7.00	Acct Code: CLCPIF <u>2178-7</u>
Total Amount Paid <u> </u>	Receipt <u> </u>

528 a1
2178-7

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)					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input type="checkbox"/> 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)				Date Organized	
United Sports Association for Youth				3-8-1994	
Address		City	State	Zip	
3300 E Evergreen Dr		Appleton	WI	54913	
Person in Charge of Event:		Name: Last	First	M. I.	Date of Birth
		Schomaa	Doris		
Address		City	State	Zip	Person in charge phone number:
W6363 Sunny Dr		Manawa	WI	54952	●●●●●●●●●●
President	Last	First	Middle Initial	Date of Birth	Male <input checked="" type="checkbox"/> Femal <input type="checkbox"/>
	Theilie	Kick			
Address		City	State	Zip	
371 W. Florian Ave		Appleton	WI	54911	
Vice President	Last	First	Middle Initial	Date of Birth	Male <input type="checkbox"/> Femal <input type="checkbox"/>
	Schomaa	Doris			
Address		City	State	Zip	
W6363 E Royal Dr		Manawa	WI	54913	
Secretary	Last	First	Middle Initial	Date of Birth	Male <input type="checkbox"/> Femal <input type="checkbox"/>
Address		City	State	Zip	
Treasurer	Last	First	Middle Initial	Date of Birth	Male <input checked="" type="checkbox"/> Femal <input type="checkbox"/>
	Wood	Jane			
Address		City	State	Zip	
620 Hanna Ln		Appleton	WI	54915	
SECTION 2 – EVENT INFORMATION SECTION					
Date(s) of Event: Beginning		Ending:		Hours	AM / <input checked="" type="radio"/> PM
6/22/21		6/22/21		12:00	11:00
Please describe the type of event you are going to have:					
Adult Broom League					
Do you plan to serve food at this event?		If yes, contact the Appleton Health Department. (920.832.6429)			
<input checked="" type="radio"/> No		<input type="radio"/> Yes			
Location where beer or wine will be sold or served:					
USA Youth Center					
Address		City	State	Zip	
3300 E. Evergreen Dr		Appleton	WI	54913	
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!			Will minors be present?		
Cassad Soma			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
			If yes, how will you prevent minors from obtaining alcoholic beverages?		
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					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L	Date Issued		Exp. Date	License Number	