

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee
Total Amount Paid + 7.00

Acct Code: CLCSPB
Acct Code: CLCPIF

Receipt 3168-8

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

				v 2-3 weeks for processing	k		
The named o	rganization	applies for: (P	lease check one	or both)			
X A temporary	dass "B" license	e to sell FERMENTED	MALT BEVERAGES at	picnics or similar gathering u ng under s. 125.51(10) Wis. St	nder s. 125.26(6) Wis. S	a 12 month	neriod)
X A temporary	Class B. license	e to sell white at pic	TION - Answer	all questions complet	ely. Please PRIN	T clearly	
Name of Organia	ration (Bona 1	fide club lodge or	society, veteran's or	ganization or fair association	on) Date Organize	ed .	
St. Peter	A 4.E		5001019, 100011111 5 01		5/all	at Yn	1868
Address		- 1		City	State	Zip	
		unch toad		Appleton	WI	Date of	
Person in Ch	arge of Ev	vent:	Name: Last	1 First Nathan			
Address 2199 W. Butte	Dis Morts	Beach Road	City	State Zip	Person in char	ge phone nu	mber:
President	Last	infeldt	First Mck	Middle Initial	Date of Birth	Male	Femal
Address 62	3 E. Cia	cle st		CityApple ton	State wr	1	4911
Vice President	Last	hm	First Dauglas	Middle Initial	Date of Birth	Male	Femal
Address N395	4 May	Jaan Ct.		City	State WI	Zip 540	The state of the s
Secretary	Last Ho	pre	First Brien	Middle Initial	Date of Birth	Male	Femal
Address 1216	South T	herdoce St.	71	CityAppleton	State WI	<u></u>	Femal
Treasurer	Last	ultz	First Crang	Middle Initial	Date of Birth State	Male	remai
	1	clows Dr.		City	State	Zip 54	130
		DRMATION SEC	and the second s	1 I I I I I I I I I I I I I I I I I I I	(M/DM		AM/PM)
3 3 2							
Please describe	he type of eve	ent you are going t	Mile of	Music in the	the same of the sa	lot	Avs)
Do you plan to s				ntact the Appleton Health D	Department. (920.832.	.6429)	
Supply of the state of the same of the state	beer or wine v	will be sold or serv		of (see attachinge	ext)		
Address 820 U	V. College	AR		City	State	Zip 540	114
Describe actual l	ocation and d	imensions of area		Will minors be present?	the state of the s	No	Yes
to be licensed below:- BE PRECISE! If yes, how will you prevent minors from obtaining alcoholic							
In a text in the parking let, Roughly 20'x beverages? South will be managing all downs. The							
see attach	mont be	details		have a bor	terdess at al	1 times	and will a
SECTION 3-1							I
This application must	be on file in the	Office of the City Clerk	for at least ten (10) busing	ess days prior to granting the licens to the granting of the license.	e.		
This organization also	agrees to comply	y with all laws, resolution	ons, ordinances and regula	ations (state, federal or local) affecti	ing the sale of fermented m	alt beverages	if the
license is granted. Th	e officer(s) of the	organization, individua	ally and together, declare t	under penalties of law that the infor	mation provided in this app	olication is tru	e and
correct to the best of the Signature of Office		ind Oction.	-				
	10	-					
FOR OFFICE U		TE T					
Dept. Police	Approve	Deny By		Reason			
		 				-	
Fire	. [1					
Fire Health							
		Date Issued		Exp. Date	License Numb	Ar	

