



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/13/19</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>10685</u>

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

The named organization applies for:				
<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 checked="" type="checkbox"/> A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits 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	
<u>Future Urban Leaders</u>			<u>05/2013</u>	
Address		City	State	Zip
<u>P.O. Box 511073</u>		<u>Milwaukee</u>	<u>WI</u>	<u>53203</u>
Person in Charge of Event:		Name: Last	First	Middle Initial
		<u>Douglas</u>	<u>Laurie</u>	<u>R</u>
Address		City	State	Zip
<u>N3352 Cty Rd C</u>		<u>Pulaski</u>	<u>WI</u>	<u>54162</u>
Person in charge phone number:				
President	Last	First	Middle Initial	Date of Birth
	<u>Vonck</u>	<u>Brandon</u>		<u>01/01/00</u>
Address		City	State	Zip
<u>421 W. Huron St.</u>		<u>Chicago</u>	<u>IL</u>	<u>60654</u>
Vice President	Last	First	Middle Initial	Date of Birth
Address		City	State	Zip
Secretary	Last	First	Middle Initial	Date of Birth
	<u>Spriggs</u>	<u>Lachrisa</u>		<u>01/01/00</u>
Address		City	State	Zip
<u>5536 W Brooklyn Pl</u>		<u>Milwaukee</u>	<u>WI</u>	<u>53216</u>
Treasurer	Last	First	Middle Initial	Date of Birth
	<u>Rogers</u>	<u>Nasif</u>		<u>01/01/00</u>
Address		City	State	Zip
<u>2329 S. 56th St.</u>		<u>West Allis</u>	<u>WI</u>	<u>53219</u>
SECTION 2 - EVENT INFORMATION SECTION				
Date(s) of Event: Beginning		Ending:		Hours
<u>8/24/19</u>		<u>8/24/19</u>		<u>3:00 AM</u> (PM) <u>10:00 AM</u> (PM)
Please describe the type of event you are going to have:				
<u>Fund raiser with food + music to benefit Future Urban Leaders</u>				
Do you plan to serve food at this event?		If yes, contact the Appleton Health Department. (920.832.6429)		
No		Yes		
Location where beer or wine will be sold or served:				
<u>Appleton Memorial Park Pavilion area</u>				
Address		City	State	Zip
<u>1620 E Witzke Blvd</u>		<u>Appleton</u>	<u>WI</u>	<u>54911</u>
Are you requesting an "open concept" license?		Will minors be present?		
No		Yes		
Describe actual location and dimensions of area to be licensed - Be precise!		If yes, how will you prevent minors from obtaining alcoholic beverages?		
<u>South side of Pavilion area Stone Arch setting up bar</u>		<u>We are selling wrist bands + checking IDs + using licensed bartenders</u>		
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		<u>Laurie R Douglas</u>		
FOR OFFICE USE ONLY				
Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L	Council	Date Issued	Exp. Date	License Number