



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/27/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17-</u>	Receipt <u>11050</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 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>1872</u>		
<u>Outagamie County Historical Soc. d.b.a. History Museum</u>						<u>at the Castle</u>		
Address <u>330 E. College Ave.</u>				City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	
Person in Charge of Event:			Name: Last <u>carpenter</u>	First <u>Matthew</u>		Middle Initial <u>J</u>	Date of Birth <u>●-●●-●●</u>	
Address <u>6 Hycrest Ct.</u>			City <u>Appleton</u>	State <u>WI</u>	Zip <u>54914</u>	Person in charge phone number: <u>●●●●●● ●●●●</u>		
President Last <u>Whalen</u>		First <u>Anni</u>		Middle Initial		Date of Birth	Male <input checked="" type="checkbox"/>	Female
Address <u>1128 E. Grant St.</u>				City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	
Vice President Last <u>Dearing</u>		First <u>Chris</u>		Middle Initial		Date of Birth	Male <input checked="" type="checkbox"/>	Female
Address				City		State	Zip	
Secretary Last <u>Skaric</u>		First <u>Adam</u>		Middle Initial		Date of Birth	Male <input checked="" type="checkbox"/>	Female
Address				City		State	Zip	
Treasurer Last <u>Nrutz</u>		First <u>David</u>		Middle Initial		Date of Birth	Male <input checked="" type="checkbox"/>	Female
Address				City		State	Zip	
SECTION 2 – EVENT INFORMATION SECTION								
Date(s) of Event: Beginning <u>8/2/19</u> Ending: <u>8/3/19</u> Hours <u>12</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> <u>11</u> PM								
Please describe the type of event you are going to have: <u>Beer sales at Mile of Music Stage</u>								
Do you plan to serve food at this event? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact the Appleton Health Department. (920.832.6429)								
Location where beer or wine will be sold: <u>Parking lot of 330 E. College Ave.</u>								
Address <u>330 E. College Ave.</u>				City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	
Are you requesting an "open concept" license?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Will minors be present?		No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
Describe actual location and dimensions of area to be licensed – <u>Beer sales 612 sq ft. on museum parking lot. Audience in lot north of museum per mile of music event</u>					If yes, how will you prevent minors from obtaining alcoholic beverages? <u>licensed server present. check IDs</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>Matthew J. Carpenter</u> <u>executive Director</u>								
FOR OFFICE USE ONLY								
Dept.	Approve	Deny	By	Reason				
Police								
Fire								
Health								
Inspection								
S&L <u>7-10-19</u>			Date Issued		Exp. Date	License Number		

11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799