



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

FEES ARE NON-REFUNDABLE		Date Rec'd <u>5/14/19</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>9438</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) <u>LVaroo (Band Booking Committee of Lawrence University)</u>				Date Organized <u>09-2008</u>	
Address <u>711 E BOLDT WAY</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
Person in Charge of Event:		Name: Last <u>Greenberg</u>	First <u>Georgia</u>	Middle Initial <u>R</u>	Date of Birth <u>●●●●●●</u>
Address <u>SPC567 711 E Boldt Way</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	Person in charge phone number: <u>●●●●●●●●</u>
President	Last <u>Greenberg</u>	First <u>Georgia</u>	Middle Initial <u>R</u>	Date of Birth <u>●●●●●●</u>	Male <input type="checkbox"/>
	Female <input checked="" type="checkbox"/>				
Address <u>SPC 567 711 E Boldt Way</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
Vice President	Last <u>Lewis</u>	First <u>Gabe</u>	Middle Initial <u>M</u>	Date of Birth <u>●●/●●/●●</u>	Male <input checked="" type="checkbox"/>
	Female <input type="checkbox"/>				
Address <u>711 E Boldt Way</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
Secretary	Last	First	Middle Initial	Date of Birth	Male
	Female				
Address		City	State	Zip	
Treasurer	Last	First	Middle Initial	Date of Birth	Male
	Female				
Address		City	State	Zip	
SECTION 2 – EVENT INFORMATION SECTION					
Date(s) of Event: Beginning <u>05/25/2019</u> Ending: <u>05/26/2019</u>		Hours	<input checked="" type="checkbox"/> <u>Event times</u> <u>12:00 AM PM</u> <u>11:00 AM PM</u> <u>(beeh garden 3p-9pm)</u>		
Please describe the type of event you are going to have: <u>Annual music festival for the Lawrence Community</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>On the north side of the Lawrence Quadrangle</u>					
Address <u>733 Alton St Appleton WI 54911</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
Are you requesting an "open concept" license?		No	Yes	Will minors be present?	
		<input type="checkbox"/>	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Describe actual location and dimensions of area to be licensed – Be precise! <u>20x30' fenced area of LV quad</u>			If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Hired security + bartenders from the Viking Room to card, as well as fencing</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>Georgia Greenberg</u>					
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L <u>5-23-19</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