



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>1/12/23</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>4448-1</u>

**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)

- A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.
- 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) St. Pius X Catholic Church Date Organized 9/4/1957

Address 500 W. Marquette Street City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Mares First Charles M. I. W Date of Birth [REDACTED]

Address 1500 S. Clara Street City Appleton State WI Zip 54915 Person in charge phone number [REDACTED]

President Last Jugenheimer First James Middle Initial R Date of Birth [REDACTED] Male  Female

Address 500 W. Marquette Street City Appleton State WI Zip 54911

Vice President Last Mares First Charles Middle Initial W Date of Birth [REDACTED] Male  Female

Address 1500 S. Clara Street City Appleton State WI Zip 54915

Secretary Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Treasurer Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION 2 – EVENT INFORMATION SECTION**  
Date(s) of Event: Beginning 2 / 11 / 2023 Ending: 2 / 11 / 2023 Hours 5:00 AM /  PM 8:30 AM /  PM

Please describe the type of event you are going to have: St. Valentine's Dinner Dance

Do you plan to serve food at this event? No  Yes  If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold or served: St. Pius X Catholic Church

Address 500 W. Marquette Street City Appleton State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! Hall 49x98' Cafe 76x69' Will minors be present? For Dance only, Not Dinner No  Yes

Dinner will be in the Holy Family Hall. The capacity is 325 people. Dinner will be in the cafeteria. That has a capacity of 336. If yes, how will you prevent minors from obtaining alcoholic beverages? Will Card / Adult Supervision

**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. Charles W. Mares  
Signature of Officer \_\_\_\_\_

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L <u>01/25/2023</u>	Date Issued	Exp. Date	License Number	