



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>3/22/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17.00</u>	Receipt <u>6490</u>

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

The named organization applies for:

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 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) Fleisner Agency Date Organized 11/2018

Address 4620 N Ballard RD City Appleton State WI Zip 54913

Person in Charge of Event: Name: Last Voyt First Becky Middle Initial S.S. Date of Birth _____

Address 818 Scott Ave City Oshkosh State WI Zip 54901 Person in charge phone number: _____

President Last Fleisner First Corey Middle Initial _____ Date of Birth _____ Male Female

Address 4620 N Ballard RD City Appleton State WI Zip 54913

Vice President Last _____ First _____ Middle Initial _____ Date of Birth _____ Male Female

Address _____ City _____ State _____ Zip _____

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 5/11/17 Ending: 5/11/17 Hours 9 AM 3 PM

Please describe the type of event you are going to have: Kickball tournament

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: Memorial Park

Address 1620 E Witzke Blvd City Appleton State WI Zip 54911

Are you requesting an "open concept" license? No Yes Will minors be present? No Yes

Describe actual location and dimensions of area to be licensed – Be precise! 5x5 table near concessions If yes, how will you prevent minors from obtaining alcoholic beverages? ID every time

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

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L <u>4-10-19</u>			Date Issued	Exp. Date
				License Number