

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee + 7.00

Investigation Fee
Total Amount Paid
7

Date Rec'd 35/8

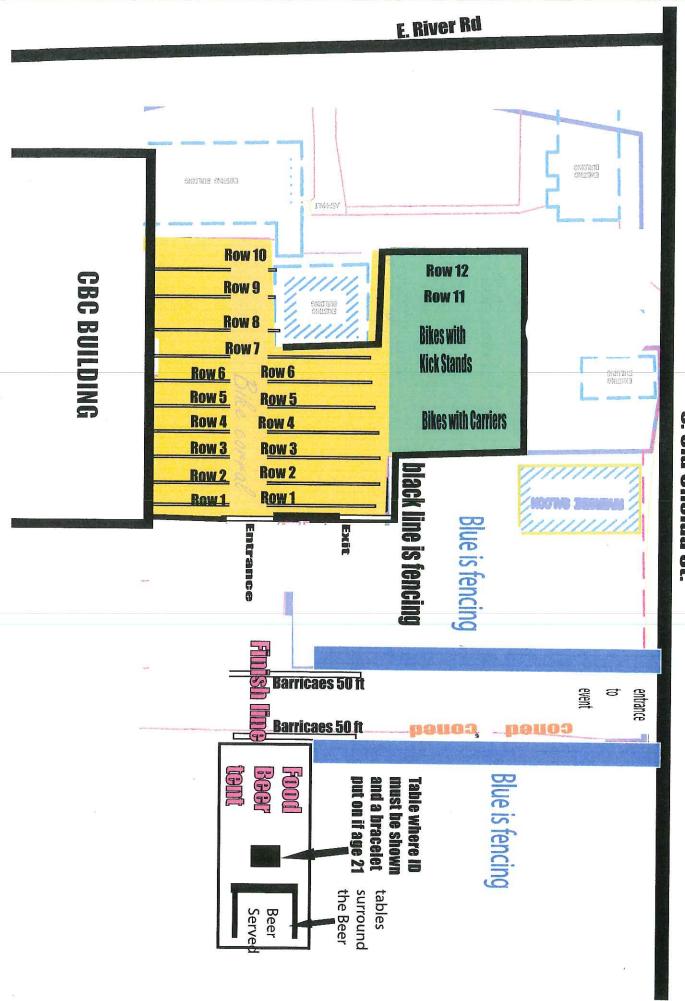
Acct. 11030.4322

Acct. 100.2359

Receipt 4815916

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

The named org	ganization	applie	s for:		71/2 72			yan oora		
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) Date Organized Difference of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Date Organized										
Address	920	Kel	ler	Park DV	C	City	State W.	Zip SC	914	
Person in Cha	rge of Ev	ent:		Name: Las		P First	Middle Init	ial Date of	Birth	
Address State Zip Person in charge phone number:										
President Ben	Last cs.			First	Mid	dle Initial	Date of Birth	Male	Female	
Address 52	13	Neuli	r W	raple Dr	- 4	City pereve	State Wi	Zip S4	115	
Vice President	Last O'Ylo		A	West		ldle Initial	Date of Birth	Male	Female	
Address	-21	3,	se!	o Marila	D	City De Per	State W,	Zip S	4115	
Secretary M	Last U T	W o	12	First . \		ddle Initial	Date of Birth	Male	Female	
Address	920	Kell	or F	Parle	0	City Oppul	State	Zip	4414	
Treasurer	Last			First	Mid	ldle Initial	Date of Birth	Male	Female	
Address						City	State	Zip		
SECTION 2 – EVENT INFORMATION SECTION										
Date(s) of Event: Beginning Out / 1 & Ending: AM PM AM PM AM PM										
Please describe the type of event voi are going to have: Fitness event. Bike Ride Culled Bike to the Bai										
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: What the tent of CBC Cooling										
Address	820 5.	wid	<u>, , , , , , , , , , , , , , , , , , , </u>	1 No 10h		City	State	VZip		
	9200	الطو	- (9	neide 5	A-1	epoul	(4)	SY	911	
Are you requesting	g an "open c	oncept" l	icense?	No Yes	Will	minors be present?		Ŋo	Yes	
Describe actual location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining alcoholic										
Be precise! pla atta oreed beverages? Everyone well be conclud										£
SECTION 3 - PE	NALTY SE	CTION			•		G. G.	nd h	4000	~
If the event will last mo This organization also a	re than four (4) grees to comply	days, the ar	oplication ws, resolu	ork for at least ten (10) busing shall be filed 15 days prior utions, ordinances and regul dually and together, declare	to the grations (s	anting of the license, tate, federal or local) affecti	ing the sale of ferment		if the	ahead
correct to the best of the	ir knowledge a		_	1.00+			anna - 276 - 156 ag - 156 an 1966 ag		4	
Signature of Officer										
FOR OFFICE USE ONLY										
Dept.	Approve	pprove Deny By			F	Reason				
Police		-								
Fire Health	_							2		
Inspection			-		_					
S&L	Council	J	I	Date Issued		Exp. Date	License Nu	mber		



S. Old Oneida St. i site and food and Beer Ten