



OFFICE OF CITY CLERK
FILED
JAN 07 2019
"meeting community needs
APPLETON, WISCONSIN
.....enhancing quality of life"

FEES ARE NON-REFUNDABLE Date Rec'd 1/2/19
License Fee - \$10.00 per event Acct. 11030.4322
Investigation Fee + 7.00 Acct. 100.2359
Total Amount Paid 87 Receipt _____

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) Littlest Tumor Foundation Date Organized 3/9/2010

Address PO Box 7051 City Appleton State WI Zip 54912

Person in Charge of Event: Name: Last Patience First Katharina Middle Initial E Date of Birth _____

Address 130 Cherry Ct City Appleton State WI Zip 54915 Person in charge phone number: _____

President Last Miyera First Steve Middle Initial _____ Date of Birth _____ Male Female _____

Address 4200 N Windcross Dr City Appleton State WI Zip 54913

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

Address 140 N Jefferson Rd City South Burlington State VT Zip 05403

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 2/15/19 Ending: 2/15/19 Hours 7:30 AM 10:00 AM

Please describe the type of event you are going to have: Bingo + Raffle

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: Copper Rock Party Room We will order food through Copper Rock 920.882.9462

Address 210 W College Ave 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! Copper Rock Party Room - Capacity 75 If yes, how will you prevent minors from obtaining alcoholic beverages? We will ask for ID

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	Council	Date Issued	Exp. Date	License Number