



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>8/3/21</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>2446-5</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) IRISH FEST OF THE FOX CITIES Date Organized JAN 15, 2020

Address 201 S. WALNUT City APPLETON State WI Zip 54911

Person in Charge of Event: Name: Last MILLER First MATTHEW M. I. F Date of Birth [REDACTED]

Address 201 S. WALNUT City APPLETON State WI Zip 54911 Person in charge phone number [REDACTED]

President Last HOGARTY First JOHN Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female \_\_\_\_\_

Address W6309 FIRELAW 9 City MENASHA State WI Zip 54952

Vice President/Ed. Last MILLER First MATTHEW Middle Initial F Date of Birth [REDACTED] Male  Female \_\_\_\_\_

Address 201 S. WALNUT City APPLETON State WI Zip 54911

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

Address 909 CAMBRIDGE CT City APPLETON State WI Zip 54915

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

Address 2825 INCLINE WAY City APPLETON State WI Zip 54913

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 9/17/21 Ending: 9/18/21 Hours FRI 4pm - 10pm SAT 11am - 10pm

Please describe the type of event you are going to have:  
MUSIC FESTIVAL W/ MANY CULTURAL EDUCATIONAL ACTIVITIES

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: JONES PARK

Address LAWRENCE AVE City APPLETON State WI Zip \_\_\_\_\_

Describe actual location and dimensions of area to be licensed below: - **BE PRECISE!**  
WARMING SHELTER AND TENT W/ STAGE AT BOTTOM OF RAMP

Will minors be present? No  Yes

If yes, how will you prevent minors from obtaining alcoholic beverages? 10's CHECKED BY SECURITY EVERYONE MUST BE WAISTBAND

**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 Matthew F Miller, EXEC DIR.

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L <u>8-11-21</u>	Date Issued	Exp. Date	License Number	