



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

| | |
|---------------------------------|--------------------------|
| FEES ARE NON-REFUNDABLE | Date Rec'd <u>6/4/18</u> |
| License Fee - \$10.00 per event | Acct. 11030.4322 |
| Investigation Fee + 7.00 | Acct. 100.2359 |
| Total Amount Paid <u>17.</u> | Receipt <u>48527.39</u> |

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

| | | | | | | | | |
|--|---------|---------|--|---|--|-------------------------------|--------------------------------|---|
| The named organization applies for: | | | | | | | | |
| <input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats. | | | | | | | | |
| <input checked="" type="checkbox"/> 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 | | |
| NAMI Fox Valley | | | | | | 04/07/1981 | | |
| Address | | | | City | | State | Zip | |
| 211 E. Franklin St. | | | | Appleton | | WI | 54911 | |
| Person in Charge of Event: | | | Name: Last | First | | Middle Initial | Date of Birth | |
| Kathleen | | | Kathleen | | M | [REDACTED] | [REDACTED] | |
| Address | | | City | | State | Zip | Person in charge phone number: | |
| 2351 Fiesta Ct. | | | Neenah | | WI | 54956 | [REDACTED] | |
| President | | Last | First | | Middle Initial | Date of Birth | Male | Female |
| Address | | City | | State | Zip | | | |
| 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 07 / 19 / 2018 | | | | Ending: 07 / 19 / 2018 | | Hours 6:00 | AM (PM) 8:00 | AM (PM) |
| Please describe the type of event you are going to have: Fundraiser Summer Dinner | | | | | | | | |
| Do you plan to serve food at this event? | | | No | <input checked="" type="checkbox"/> Yes | If yes, contact the Appleton Health Department. (920.832.6429) | | | |
| Location where beer or wine will be sold: Sacred Heart Parish | | | | | | | | |
| Address | | | | City | | State | Zip | |
| 222 E. Fremont Street | | | | Appleton | | WI | 54915 | |
| Are you requesting an "open concept" license? | | | <input checked="" type="checkbox"/> No | Yes | Will minors be present? | | No | <input checked="" type="checkbox"/> Yes |
| Describe actual location and dimensions of area to be licensed – Be precise! | | | | If yes, how will you prevent minors from obtaining alcoholic beverages? | | | | |
| Gymnasium at Sacred Heart Parish | | | | Bartenders will check ID's | | | | |
| 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 correct to the best of their knowledge and belief. | | | | | | | | |
| Signature of Officer <u>Kathleen M. Kumbier</u> | | | | | | OFFICE OF CITY CLERK FILED | | |
| | | | | | | JUN 04 2018 | | |
| FOR OFFICE USE ONLY | | | | | | | | |
| Dept. | Approve | Deny | By | Reason | | | | |
| Police | | | | | | | | |
| Fire | | | | | | | | |
| Health | | | | | | | | |
| Inspection | | | | | | | | |
| S&L | | Council | | Date Issued | | Exp. Date | License Number | |

11-01-09

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799