

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event × 3

Investigation Fee

Total Amount Paid _____

Date Rec'd <u>2/13/23</u> Acct Code: CLCSPB

Acct Code: CLCPIF
Receipt 4619

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												
									11117 Maria Caraca Cara	arly	1	
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Date Organized On 1963												
Address 1810 N.McDonald St.						City			Zip ちょ	Zip 54911		
Person in Charge of Event: Name: Last						First Curt			Date	Date of Birth		
Address 3116	E Green	nleaf	\mathcal{D}_{r}	City Appleta		State WJ.	Zip 5491		n charge phor	ie nu	mber:	
President	Last	and the second s	Dc	First	Middle	Initial		Date of Bir			Female	
	5 N.M.	Dono	1d 54		Lity O	oleton		ate W I	Zip	54	<u> ۱) ۹</u>	
Vice President	Last			First	Middle			Date of Bir	th Ma	le	Female	
Address					City			State			I	
Secretary	Last			First	Middle			Date of Bir	th Ma	le	Female	
Address	T			Ti4	City Middle Initial			State Date of Dirth		1_	Tr1.	
Treasurer	Last Tre	emil		First Barba	Middle	<u> </u>		Date of Bir			Female	
Andrias 519 Appliack Ct Kimberly											136	
SECTION 2 - EVENT INFORMATION SECTION & See reverse for additional dates												
Date(s) of Event: Beginning 03 63 2023 Ending: 03/03 2023 Hours 4:00 AM (PM) 9:00 AM (PM)												
Please describe the type of event you are going to have: Fish fry dinners												
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: St Thomas More School building												
Address 1810 N. M. Danald St						City State			Zip 54911			
Describe actual lo	10000.00	imensions	of area		Will mi	nors be pres	ent?	WI	No		Yes	
to be licensed below:- BE PRECISE!						X						
Lower level caletric of St Thomas						If yes, how will you prevent minors from obtaining alcoholic beverages? The beverage area will be supervised at all times by an adult & ID will be checked.						
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SECTION 3 – PI This application must b		111/01/07	City Cleater	for at least top (10) bus		-444	- 1/					
**			•	, ,								
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 Dungtung June 1												
FOR OFFICE US	E ONLY		7									
Dept.	Approve	Deny	By		Reaso	on					and the second second section of the	
Police				**								
Fire												
Health												
Inspection S&L 🚵 - A.D.					Exp.	Exp. Date			License Number			

Additional Fish Fry Dates:

March 17,2023 March 31,2023 4:00PM to 9:00 PM 4:00PM to 9:00 PM