



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

FEES ARE NON-REFUNDABLE		Date Rec'd <u>3/29/17</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>4673622</u>

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)		Date Organized	
<u>* ST FRANCES XAVIER SCHOOL SYSTEM</u>		<u>1972</u>	
Address <u>1600 W Prospect Ave</u>		City <u>Appleton</u>	State <u>WI</u> Zip <u>54914</u>
Person in Charge of Event: Name: Last <u>Magrini</u> First <u>Rob</u> Middle Initial <u>A.</u>			
Address <u>w2849 Schmelz Ln</u>		City <u>Appleton</u>	State <u>WI</u> Zip <u>54916</u> Person in charge phone number: <u>920-428-2859</u>

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 <u>5/7/17</u> Ending: <u>5/7/17</u> Hours <u>9</u> <u>AM</u> <u>PM</u> <u>6</u> <u>AM</u> <u>PM</u>
Please describe the type of event you are going to have: <u>Food Fair</u>
Do you plan to serve food at this event? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429)
Location where beer or wine will be sold: <u>In Gym</u>
Address <u>Above.</u> City _____ State _____ Zip _____
Are you requesting an "open concept" license? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Will minors be present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
Describe actual location and dimensions of area to be licensed - Be precise! <u>in gymnasium and hallways</u> If yes, how will you prevent minors from obtaining alcoholic beverages? <u>carding, check ID.</u>

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 [Signature]

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L	Council	Date Issued	Exp. Date	License Number