

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee + 7.00

Total Amount Paid \ \ \ \o

Date Rec'd 5/4/23

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt 5005-5

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) Date Organized								
Fox Valley Victuam Veterans Masa. 7-1983								
Address 125 N.			City		State Zip 549/4		14	
Person in Char		Name: Last		rirst AVII	M. I.	Date of Birth REDACTED		
Address State Zip Person in charge phone number: S4915 REDACTED								
President (2	Blast cher First Bob			Middle Init	<i>[</i>]	Date of Birth REDACTED	Male X	Female
Address 1409	1409 Harrison				City Appleton :			1911
Vice President	Last FA	1k_	First DOM	Middle Init	1	Date of Birth REDACTED	Male	Female
Address 528		re c		City	r mean	tate		4915
Secretary	Last (wil	har 14	First Tot	Middle Ini	<u> </u>	Date of Birth REDACTED	Male	Female
	coup Vo	erne	e Rd	City Middle Ini	- 2	tate	Zip	+95a
Treasurer	Last W	Ilha	rms First Joe	ivilagie ini		Date of Birth REDACTED	Male	Female
Address		****	şt	City		State	Zip	
SECTION 2 – EVENT INFORMATION SECTION								
Date(s) of Event: Beginning 09 103 123 Ending: 09 100 123 Hours 1100 AM/PM 1100 AM/PM								
Please describe the type of event you are going to have;								
Free Music Festival den of the General Public								
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:								
Address City State Zip								
Describe actual loc	<u>100 r</u>	\\L	· TOP	Will minors be present?		15	VV as	
			S OI area	Will immor	s de present		No	(Yes)
to be licensed below:- BE PRECISE! At Hourin Picia main Stole If yes, how will you prevent minors from obtaining alcoholic beverages? WYISTO and Sul 1.0. Check								
Drink tockits/ Heensed har tenabers								
SECTION 3 – PENALTY SECTION								
			City Clerk for at least ten (10) bu					
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 of 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 US	E ONLY							
Dept.	Approve	Deny	Ву	Reason				
Police								
Fire	ļ							
Health Inspection							" ".	
S&I	<u> </u>	Date Issue	L	Evn Da	łe	License Nu	nhar	