



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee 17 + 7.00
Total Amount Paid

Date Rec'd 10/14/22
Acct Code: CLCSPB
Acct Code: CLCPIF
Receipt 4120-3

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) ST. FRANCIS ST. FRANCIS XAVIER BOASTERS CLUB				Date Organized 1970's	
Address 1600 W. PROSPECT AVE		City APPLETON	State WI	Zip 54914	
Person in Charge of Event:		Name: Last RIEBEL	First ROBERT	M. I. M	Date of Birth [REDACTED]
Address 1180 MANICOTA AVE		City OSHKOSH	State WI	Zip 54904	Person in charge phone number: [REDACTED]
President	Last WENTY	First STEVE	Middle Initial	Date of Birth [REDACTED]	Male <input checked="" type="checkbox"/> Female
Address 330 E Clearwater Dr		City APPLETON	State WI	Zip 54913-7828	
Vice President	Last EATY	First Lombardi	Middle Initial	Date of Birth [REDACTED]	Male <input checked="" type="checkbox"/> Female
Address 4830 W. ARDENWOOD LN		City APPLETON	State WI	Zip 54913	
Secretary	Last	First	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female
Address		City	State	Zip	
Treasurer	Last DOWD	First SHANNON	Middle Initial	Date of Birth [REDACTED]	Male <input checked="" type="checkbox"/> Female
Address 714 W Rolling Meadows Lane		City APPLETON	State WI	Zip 54913	

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning	11/05/22	Ending:	11/25/22	Hours	2-6 AM (PM)	AM / PM
Please describe the type of event you are going to have: 3 on 3 Basketball Tournament						
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 or served: Patio OUTSIDE School - ROLLED OFF						
Address 1600 W. PROSPECT AVE		City APPLETON	State WI	Zip 54914		
Describe actual location and dimensions of area to be licensed below: - BE PRECISE! 10 x 20 YARDS		Will minors be present?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
		If yes, how will you prevent minors from obtaining alcoholic beverages? ID - wristbands - 2 watchmen				

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

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L 10/26/22	Date Issued	Exp. Date	License Number	