



2024 events

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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd ___/___/___
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid _____	Receipt _____

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

The named organization applies for:

2 even

- 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) **Sacred Heart Parish** Date Organized **1898**

Address **222 E. Fremont St.** City **Appleton** State **WI** Zip **54915**

Person in Charge of Event: Name: **Ericksen David J.** Last First Middle Initial Date of Birth

Address **W6060 Dahlia Dr** City **Appleton** State **WI** Zip **54915** Person in charge phone number:

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 **NA** 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 **8/17/24** Ending: **8/18/24** Hours **11<sup>AM</sup>-10<sup>PM</sup>** **8-18** **10<sup>AM</sup>-3<sup>PM</sup>** **8-18**

Please describe the type of event you are going to have: **Parish Picnic**

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: **Church Parking Lot in Beer/food tents**

Address **222 E Fremont St.** City **Appleton** State **Wi.** Zip **54915**

Are you requesting an "open concept" license?  Yes  No Will minors be present? No  Yes

Describe actual location and dimensions of area to be licensed – Be precise! **Parking Lot and tents, 800' x 5400'** If yes, how will you prevent minors from obtaining alcoholic beverages? **We will ID everyone**

**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 **David J. Ericksen**

**FOR OFFICE USE ONLY**

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

Beer & wine