



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>7/14/22</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>+ 7.00</u>	Acct Code: CLCPIF
Total Amount Paid <u>10</u>	Receipt <u>3829-1</u>

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) Democratic Party of Outagamie County Date Organized 2003

Address 516 W College Ave City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Fischer First Jacklyn M. I. J Date of Birth [REDACTED]

Address 95 Estherbrook Ct City Appleton State WI Zip 54915 Person in charge phone number: [REDACTED]

President Last Tseffus First Emily Middle Initial D Date of Birth [REDACTED] Male Female

Address W3847 Highview Dr City Appleton State WI Zip 54913

Vice President Last Fischer First Jacklyn Middle Initial J Date of Birth [REDACTED] Male Female

Address 95 Estherbrook Ct City Appleton State WI Zip 54915

Secretary Last Quinn First Grace Middle Initial [REDACTED] Date of Birth [REDACTED] Male Female

Address 1501 Cranberry Dr City Appleton State WI Zip 54915

Treasurer Last Lee First Tom Middle Initial [REDACTED] Date of Birth [REDACTED] Male Female

Address 1002 N Drew St City Appleton State WI Zip 54911

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 8/15/22 Ending: 8/15/22 Hours 5 AM PM 8 AM

Please describe the type of event you are going to have: Social (corn roast) + fundraiser

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: Devks Park Pavillion

Address 3220 Guyette Dr City Appleton State WI Zip 54915

Describe actual location and dimensions of area to be licensed below: - **BE PRECISE!** Will minors be present? No Yes

The Devks Park pavillion area and the immediate grilling area surrounding the pavillion If yes, how will you prevent minors from obtaining alcoholic beverages? We will have a licensed bartender checking IDs on site morder to be served

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 <u>7-27-22</u>	Date Issued		Exp. Date	License Number