



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

FEES ARE NON-REFUNDABLE		Date Rec'd <u>6/1/22</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>3685-3</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) IRISH FEST OF THE FOX CITIES Date Organized 1/19/2020

Address 201 S. WALNUT City APPLETON State WI Zip 54911

Person in Charge of Event: Name: Last MILLER First MATTHEW M. I. F Date of Birth [REDACTED]

Address 201 S. WALNUT City APPLETON State WI Zip 54911 Person in charge phone number [REDACTED]

President Last HOGERTY First JOHN Middle Initial _____ Date of Birth _____ Male Female _____

Address W6309 FIRELANE 9 City MENASHA State WI Zip 54952

Vice President Last MCGUIRE First MARK Middle Initial _____ Date of Birth _____ Male Female _____

Address 2091 W HERON LANE City APPLETON State WI Zip 54913

Secretary Last HIGGINS First TIM Middle Initial _____ Date of Birth _____ Male Female _____

Address 909 CAMBRIDGE CT City APPLETON State WI Zip 54915

Treasurer Last FOGARTY First MARK Middle Initial _____ Date of Birth _____ Male Female _____

Address 2825 E INCLINE WAY City APPLETON State WI Zip 54913

SECTION 2 – EVENT INFORMATION SECTION

Date(s) of Event: Beginning 9/16/22 Ending: 9/17/22 Hours 11:00 AM / 10:00 PM

Please describe the type of event you are going to have:
MUSIC AND CULTURAL FESTIVAL

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: JONES PARK

Address W. LAWRENCE ST City APPLETON State WI Zip 54911

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

JONES PARK SHELTER & LOT - PARKING If yes, how will you prevent minors from obtaining alcoholic beverages? SECURITY AND WRIST BANDS

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 Matthew F Miller

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L				

Date Issued _____ Exp. Date _____ License Number _____