



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/10/22</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCIF
Total Amount Paid <u>17-</u>	Receipt <u>3709-3</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) HEART OF THE VALLEY LIONS CLUB Date Organized 2012

Address 1405 WALLACE STREET City COMBINED LOCKS State WI Zip 54113

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

Address 106206 FIRFLANE C City MENASHA State WI Zip 54952 Person in charge phone number: [REDACTED]

President Last JANSEN First ASHLEY Middle Initial [REDACTED] Date of Birth NA Male Female

Address 106 BROOKVIEW PLACE City COMBINED LOCKS State WI Zip 54113

Vice President Last SEWALL First BETH Middle Initial [REDACTED] Date of Birth NA Male Female

Address 207 HIDDEN RIDGES WAY City COMBINED LOCKS State WI Zip 54113

Secretary Last LARD First KELLY Middle Initial [REDACTED] Date of Birth NA Male Female

Address 510 RICHARD ST City COMBINED LOCKS State WI Zip 54113

Treasurer Last VANDEN BOSCH First MICHELLE Middle Initial [REDACTED] Date of Birth NA Male Female

Address 19603 HANDEL DRIVE City APPLETON State WI Zip 54915

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 7/9/22 Ending: 7/9/22 Hours 5:00 AM / PM 6:00 AM / PM

Please describe the type of event you are going to have: CONCERT

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 301 WEST LAURENCE STREET City APPLETON State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! TABLES / TENT SET UP NEAR STAGE Will minors be present? No Yes

WRISTBAND / TICKET SALES FOR DRINKS If yes, how will you prevent minors from obtaining alcoholic beverages? WRISTBANDS / ID CHECK

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 [Signature]

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L <u>06/22/2022</u>	Date Issued		Exp. Date	License Number