

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee

Total Amount Paid _____

Date Rec'd 4/5/22

Acct Code: CLCSPB
Acct Code: CLCPIF

Receipt <u>3585 - 2</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*

| | | | w 2-3 weeks for processing | 3* | |
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| 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 | | | | | |
| | . 1 | lge or society, veteran's o tean's Asso | organization or fair associat | (A) | ed 1983 |
| Address | I SAM | | City | State | Zip |
| Person in Charge of | Event: | Name: Last | First | M. I. | Date of Birth |
| Address 59 S. Mendi | sw Or | City | State Zi | Person in char | ge phone number: |
| President Pro-Last | nev | First | Middle Initial | Date of Rirth | Male Female |
| Address Harr | 1540 | | City | State | Zip (|
| Vice President Last | ***** | First | Middle Initial | Date of Birth | Male Female |
| Address 28 C \a | ive Or | | City TEPPLE TO | State | Zip |
| Secretary Last | /MS | First | Middle Initial | Date of Birth | Male Female |
| Address 10 | rne Rd | Di | City | State | Zip 5495 2 |
| Treasurer Last | arms | First | Middle Initial | Date of Birth | Male Female |
| Address City nasha State WI Sip 5495 | | | | | |
| SECTION 2 – EVENT INFORMATION SECTION | | | | | |
| Date(s) of Event: Beginning 16 16 17 1202 Ending: 108 107 1202 Hours 11:00 (AM/PM 1):00 AM (PM) | | | | | |
| Please describe the type of event you are going to have: | | | | | |
| 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: | | | | | |
| | | | | | |
| Address Callege Avenue | | | City | State | Str 911 |
| Describe actual location and dimensions of area | | | Will minors be present? | | No Yes |
| to be licensed below:- BE PRECISE! | | | | | |
| A7 Moudini Plaza Main Stake | | | If yes, how will you prevent minors from obtaining alcoholic beverages? HITET and SPUTCHAZE WITED. | | |
| SECTION 3 – PENALTY | SECTION | | ENGLICATION ELECTRICAL TO CA | aca tiletiae di | Lare I Children |
| This application must be on file in If the event will last more than fou This organization also agrees to co license is granted. The officer(s) correct to the best of their know extends the correct to the statement of the state | the Office of the Cit r (4) days, the applic imply with all laws, if the organization, in | cation shall be filed 15 days prior resolutions, ordinances and regul | ness days prior to granting the licer to the granting of the license. lations (state, federal or local) affec- under penalties of law that the info | eting the sale of fermented m | |
| FOR OFFICE USE ONLY | 1 | | | | |
| Dept. Approv | e Deny B | У | Reason | | |
| Police | | | | | |
| Fire Health | | | | | |
| Inspection | | | | | |
| S&L 06/22/2022 | Date Issued | | Exp. Date | License Numb | er |