

# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 07/02/2024

Town  Village  City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 9-14-24 and ending 9-14-24 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

## 1. Organization (check appropriate box) →

- Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Catalpa Health

(b) Address 4635 W College Ave, Appleton, WI 54914

(Street)

Town  Village  City

(c) Date organized 2012

(d) If corporation, give date of incorporation 11/12/2024

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Shaun Gunderson 3716 S. Hampton Ct., Appleton, WI 54915

Vice President vacant

Secretary vacant

Treasurer Julie Meyer 110 Shalimar Ct, Combined Locks, WI 54113

(g) Name and address of manager or person in charge of affair: Cynthia Sommer

(g)1. Date of Birth: \_\_\_\_\_ (g)2. Drivers License: \_\_\_\_\_ (g)3. \_\_\_\_\_ Phon: \_\_\_\_\_

## 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 10 E College Ave., Appleton, WI 54911

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? part

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: first floor main lobby area and second floor hallway

## 3. Name of Event

(a) List name of the event Pop!

(b) Dates of event 09/14/2024

(c) Time(s) of event 6 PM - 10:30 PM

## DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Cynthia Sommer 7.3.24  
(Signature / Date)

Catalpa Health  
(Name of Organization)

Date Filed with Clerk JUL 8 2024

Date Granted \_\_\_\_\_

Date Reported to Committee \_\_\_\_\_

License No. \_\_\_\_\_

COA Dept. Approval: Police \_\_\_\_\_ Fire \_\_\_\_\_ Health \_\_\_\_\_