



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

FEES ARE NON-REFUNDABLE	Date Rec'd ___/___/___
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee _____ + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17.00</u>	Receipt _____

Application for Temporary Class "B" Beer or "Class B" Wine License

The named organization applies for:

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)				Date Organized		
The Leukemia + Lymphoma Society				1999		
Address		City	State	Zip		
6737 W. Washington St, Ste 2100		Wauwatosa	WI	53214		
Person in Charge of Event:		Name: Last	First	Middle Initial	Date of Birth	
		Chessman	Adeliana	J	●●●●	
Address		City	State	Zip	Person in charge phone number:	
					(262) 785-4237	
President	Last	First	Middle Initial	Date of Birth	Male	Female
EXECUTIVE DIRECTOR	Mlug	Liz	A			<input checked="" type="checkbox"/>
Address		City	State	Zip		
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
Ops Director	Gratz	Ashley	N			<input checked="" type="checkbox"/>
Address		City	State	Zip		
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
LTR Director	Anthony	Julie				<input checked="" type="checkbox"/>
Address		City	State	Zip		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
Assistant Manager	Chessman	Adeliana	J			<input checked="" type="checkbox"/>
Address		City	State	Zip		

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 10 / 4 / 2019 Ending: 10 / 4 / 2019 Hours 4 PM AM 9 PM AM

Please describe the type of event you are going to have:
Family Friendly evening charity walk to raise money to fight blood cancer

Do you plan to serve food at this event? No Yes If yes, contact the Appleton Health Department. (920.832.6429) Done

Location where beer or wine will be sold or served: Scheels Sports Complex

Address		City	State	Zip
3300 E. Evergreen Drive		Appleton	WI	54913
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!			Will minors be present?	
Alcohol will be served from one 20x20 tent in the parking lot of Scheels, where our event is set up.			No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
			If yes, how will you prevent minors from obtaining alcoholic beverages?	
			Alcohol will only be served in one tent with a hired security guard as well as bartenders to check ID.	

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 Adeliana Chessman

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L	Date Issued		Exp. Date	License Number