



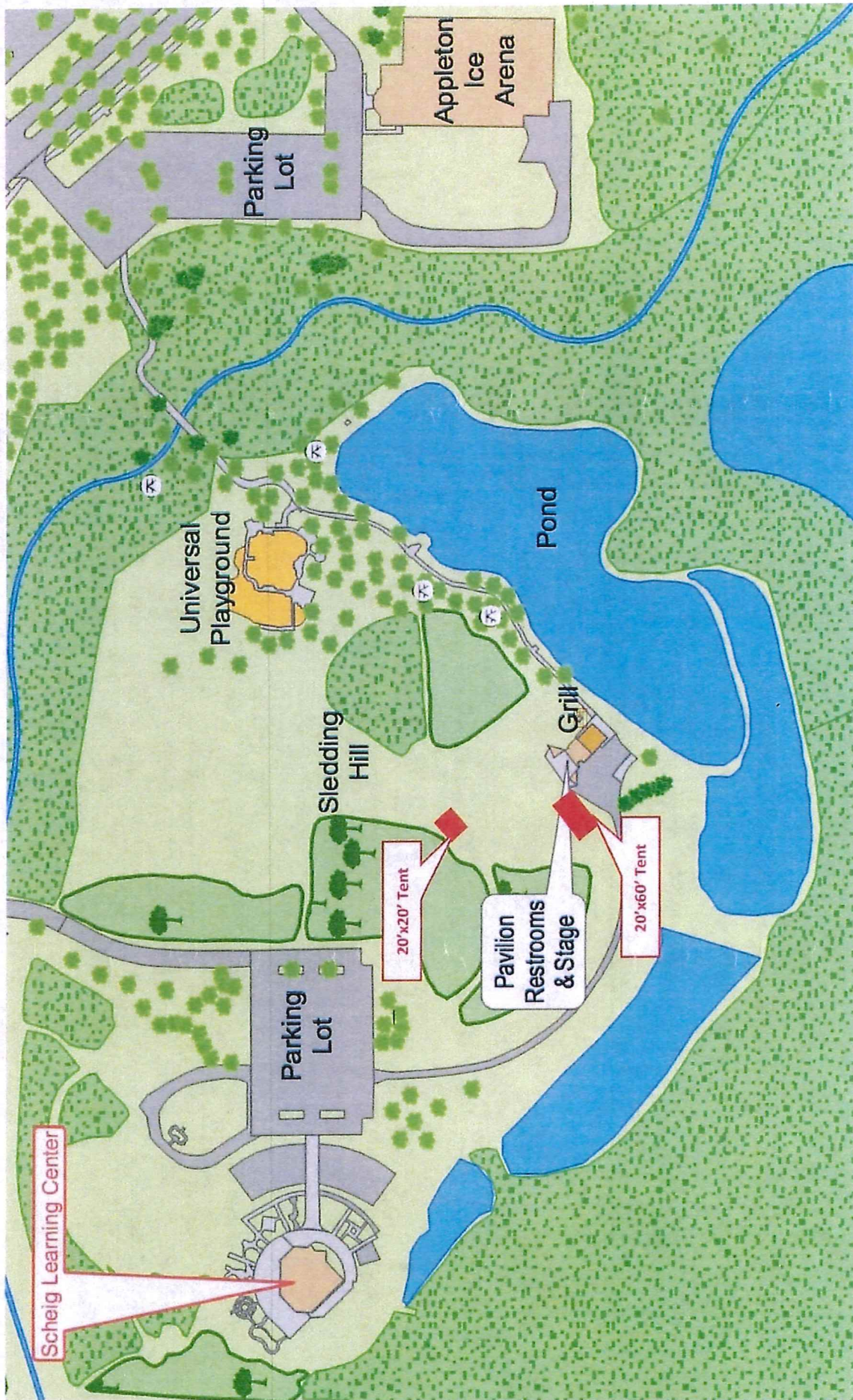
"meeting community needs
...enhancing quality of life"

FEES ARE NON-REFUNDABLE	Date Rec'd <u>9/22/22</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 _____

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)						
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.						
<input type="checkbox"/> 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	
Appleton Area Jaycees						
Address 1444 E Northland Ave			City Appleton	State WI	Zip 54911	
Person in Charge of Event:		Name: Last Bartelt		First Matt	M. I. J	Date of Birth ●●●●●●
Address 333 S. Sidney St		City Kimberly	State WI	Zip 54136	Person in charge phone number: ●●●●●●●●	
President	Last Anderson	First Kate	Middle Initial	Date of Birth	Male	Femal
Address			City	State	Zip	
Vice President	Last	First	Middle Initial	Date of Birth	Male	Femal
Address			City	State	Zip	
Secretary	Last	First	Middle Initial	Date of Birth	Male	Femal
Address			City	State	Zip	
Treasurer	Last Johnson	First Amber	Middle Initial	Date of Birth	Male	Femal
Address			City	State	Zip	
SECTION 2 – EVENT INFORMATION SECTION						
Date(s) of Event: Beginning 07 / 03 / 2022		Ending: 07 / 03 / 2022		Hours 4:00	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	11:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Please describe the type of event you are going to have: Community, Fireworks, Concert						
Do you plan to serve food at this event?		No	Yes <input checked="" type="checkbox"/>	If yes, contact the Appleton Health Department. (920.832.6429)		
Location where beer or wine will be sold or served: Memorial Park						
Address 1620 Witzke Blvd			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 <input checked="" type="checkbox"/>
See Map			If yes, how will you prevent minors from obtaining alcoholic beverages? Must have wristband to buy/drink. Must show ID to obtain Wristband			
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:						
FOR OFFICE USE ONLY						
Dept.	Approve	Deny	By	Reason		
Police						
Fire						
Health						
Inspection						
S&L	Date Issued		Exp. Date	License Number		



PLAN A (same as past years)

FIREWORKS TENTS MAP – MEMORIAL PARK

1 20'x20' Tent, 1 20'x60' Tent

Delivery: July 2nd Pickup: July 5th