

## 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: \_\_\_\_\_

☐ Town ☐ Village ☒ City of Appleton

County of \_\_\_\_\_

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 9/6/25 and ending 9/6/25 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 Heart of the Valley Lions Club

(b) Address PO Box 151 Combined Locks, WI 54113  
(Street) ☐ Town ☒ Village ☐ City

(c) Date organized 2018

(d) If corporation, give date of incorporation \_\_\_\_\_

(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 Beth Sewall 207 Hidden Ridge Way Combined Locks, WI

Vice President Christine Vavrek 1526 Harrison St Kaukauna, WI

Secretary Kelly Laird 510 Richard St Combined Locks, WI

Treasurer Michelle Vanden Bosch 9603 Handel Dr Appleton, WI

(g) Name and address of manager or person in charge of affair: Jon Schinke

(g)1. Date of Birth: \_\_\_\_\_ (g)2. Drivers License #: \_\_\_\_\_ (g)3. Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 301 W. Lawrence St Appleton, WI - Jones Park

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

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

(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: \_\_\_\_\_

**3. Name of Event**

(a) List name of the event 2025 Sol Dance Festival

(b) Dates of event 9/6/2025

(c) Time(s) of event 2 pm to 10 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 Beth Sewall 5-16-2025  
(Signature / Date)

Heart of the Valley Lions Club  
(Name of Organization)

Date Filed with Clerk 8/6/25

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

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

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

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