



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>5/28/21</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>10</u> + 7.00	Acct Code: CLCPIF <u>2178-7</u>
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)**

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) UNITED SPORTS ASSOCIATION FOR YOUTH Date Organized 3-8-1994

Address 3300 E Evergreen Dr City Appleton State WI Zip 54915

Person in Charge of Event: Name: Last Schommer First Doris M. I. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address W6363 Sunny Dr City Menasha State WI Zip 54952 Person in charge phone number:

President Last Thalig First Rick Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Femal

Address 371 W. Florida Ave City Appleton State WI Zip 54911

Vice President Last Schommer First Doris Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Femal

Address W6363 Sunny Dr City Menasha State WI Zip 54952

Secretary Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Femal

Treasurer Last Wood First Jael Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Femal

Address 610 Harwood Ave City Appleton State WI Zip 54915

### SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 6/25/21 Ending: 6/27/21 Hours 9:00  AM  PM 10:00  AM  PM

Please describe the type of event you are going to have: Soccer Tournament

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: Concessions Stand

Address 3300 E Evergreen City Appleton State WI Zip 54915

Describe actual location and dimensions of area to be licensed below: - **BE PRECISE!** Concessions Area Will minors be present? No  Yes

If yes, how will you prevent minors from obtaining alcoholic beverages? ID At Concessions Stand

### 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