



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>11/5/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17</u>	Receipt <u>15658</u>

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

The named organization applies for:					
<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 checked="" type="checkbox"/> A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits 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) NAMI FOX VALLEY				Date Organized 04/07/1981	
Address 211 E. FRANKLIN STREET		City APPLETON	State WI	Zip 54911	
Person in Charge of Event:		Name: Last KUMBIER	First KATHLEEN	Middle Initial M	Date of Birth ●/●/●
Address 2151 FIESTA CT		City NEENAH	State WI	Zip 54956	Person in charge phone number: ●●-●●●●●●
President EXECUTIVE DIRECTOR	Last PETERSON	First MAREN	Middle Initial H	Date of Birth ●●●●●	Male X
Address 621 W 4TH ST APT C.		City APPLETON	State WI	Zip 54911	
Vice President	Last	First	Middle Initial	Date of Birth	Male Female
Address		City	State	Zip	
Secretary	Last	First	Middle Initial	Date of Birth	Male Female
Address		City	State	Zip	
Treasurer	Last	First	Middle Initial	Date of Birth	Male Female
Address		City	State	Zip	
SECTION 2 – EVENT INFORMATION SECTION					
Date(s) of Event: Beginning		12 / 12 / 19	Ending: 12 / 12 / 19	Hours	5:30 AM (PM) 8:30 AM (PM)
Please describe the type of event you are going to have: APPRECIATION EVENT/HOLIDAY TALENT SHOW					
Do you plan to serve food at this event?	No	<input checked="" type="checkbox"/> Yes	If yes, contact the Appleton Health Department. (920.832.6429)		
Location where beer or wine will be sold: SACRED HEART PARISH					
Address 222 E. FREMONT ST.		City APPLETON	State WI	Zip 54915	
Are you requesting an "open concept" license?	<input checked="" type="checkbox"/> No	Yes	Will minors be present?	No	<input checked="" type="checkbox"/> Yes
Describe actual location and dimensions of area to be licensed – Be precise! GYMNASIUM AT SACRED HEART PARISH			If yes, how will you prevent minors from obtaining alcoholic beverages? BARTENDERS WILL 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					
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L	11-20-19	Date Issued	Exp. Date	License Number	

11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.
Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799