



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/16/23</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17</u>	Receipt <u>5009-11</u>

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) <u>Appleton Area Jaycees</u>					Date Organized
Address <u>PO Box 483</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54912</u>	
Person in Charge of Event: Name: Last <u>Hovorka</u> First <u>Brittany</u> M. I. <u>N</u>		Date of Birth <u>REDACTED</u>			
Address <u>229 Lake St</u>		City <u>Menasha</u>	State <u>WI</u>	Zip <u>54952</u>	Person in charge phone number: <u>REDACTED</u>
President	Last <u>Hovorka</u>	First <u>Brittany</u>	Middle Initial <u>N</u>	Date of Birth <u>REDACTED</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address <u>229 Lake St</u>		City <u>Menasha</u>	State <u>WI</u>	Zip <u>54952</u>	
Vice President	Last <u>Anderson</u>	First <u>Katie</u>	Middle Initial <u>M</u>	Date of Birth <u>REDACTED</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address <u>N 3936 Washington Ave #11</u>		City <u>Freedom</u>	State <u>WI</u>	Zip <u>54130</u>	
Secretary	Last <u>Obenland</u>	First <u>Marissa</u>	Middle Initial <u>E</u>	Date of Birth <u>REDACTED</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address <u>N 9581 Friendship Dr Apt 3</u>		City <u>Laukauna</u>	State <u>WI</u>	Zip <u>54130</u>	
Treasurer	Last	First	Middle Initial	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address		City	State	Zip	
SECTION 2 – EVENT INFORMATION SECTION					
Date(s) of Event: Beginning <u>7/3/2023</u> Ending: <u>7/3/2023</u>		Hours <u>3:00 AM (PM)</u> <u>10:00 AM (PM)</u>			
Please describe the type of event you are going to have: <u>Festival Foods Fireworks Celebration</u>					
Do you plan to serve food at this event?		No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	If yes, contact the Appleton Health Department. (920.832.6429) <input checked="" type="checkbox"/>	
Location where beer or wine will be sold or served: <u>Appleton Memorial Park</u>					
Address <u>1626 E Witzke Blvd</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
Describe actual location and dimensions of area to be licensed below:- BE PRECISE!			Will minors be present?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
<u>60' x 60' to the right of memorial parks' stage next to theatre pavillion</u>			If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Must have wristband to buy drink</u> <u>Must show ID to obtain wristband</u>		
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 <u>6-28-23</u>	Date Issued		Exp. Date	License Number	