



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

FEE'S ARE NON-REFUNDABLE	Date Rec'd <u>5/30/18</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17.00</u>	Receipt <u>4850168</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) <u>CIVIC LEAGUE + ST BERNADETTE K/C # 12269</u>					Date Organized
Address <u>2331 E. HOODES</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	
Person in Charge of Event: Name: Last <u>BOECKMAN</u> First <u>SCOTT</u> Middle Initial <u>P</u> Date of Birth <u>[REDACTED]</u>		Address <u>1600 S. FIDELIS</u>			
City <u>Appleton</u>		State <u>WI</u>	Zip <u>54915</u>	Person in charge phone number: <u>920 428 2415</u>	
President Last <u>Peterson</u> First <u>Marilyn</u> Middle Initial <u>J.</u> Date of Birth <u>[REDACTED]</u> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Address <u>2627 W. Parkmoor Ct</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54914</u>
Vice President Last _____ First _____ Middle Initial _____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Address _____		City _____	State _____	Zip _____
Secretary Last _____ First _____ Middle Initial _____ Date of Birth _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Address _____		City _____	State _____	Zip _____
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>8/21/18</u> Ending: <u>8/21/18</u> Hours <u>5:00 AM</u> - <u>PM</u> <u>11:00</u> <u>AM</u> - <u>PM</u>		Please describe the type of event you are going to have: <u>CIVIC LEAGUE ANNUAL CORN ROAST AND SUMMER DANCE</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)		Location where beer or wine will be sold: <u>Basement Cafeteria of St. Bernadette School</u>			
Address <u>2331 E HOODES</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	
Are you requesting an "open concept" license? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Will minors be present? <u>(Few)</u> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Describe actual location and dimensions of area to be licensed - Be precise! <u>School Cafeteria</u>			
		If yes, how will you prevent minors from obtaining alcoholic beverages? <u>we will have an Appleton Licensed Bartender</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 <u>[Signature]</u>		<u>(Knights of Columbus #12269)</u>			
FOR OFFICE USE ONLY					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L	Council	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 54911-4700

Attn: Jodi or Karen