



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>11/6/17</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee <u>17.</u> + 7.00	Acct. 100.2359
Total Amount Paid <u>17.</u>	Receipt <u>4753250</u>

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

The named organization applies for:							
<input 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>Like A Prayer Foundation</u>						Date Organized <u>10/7/14</u>	
Address <u>3481 Eichstadt Rd.</u>				City <u>Oshkosh</u>		State <u>WI</u>	Zip <u>54901</u>
Person in Charge of Event:			Name: Last <u>Martin</u>	First <u>Amber</u>	Middle Initial <u>L</u>	Date of Birth <u>[REDACTED]</u>	
Address <u>1703 Northpoint St.</u>			City <u>Oshkosh</u>	State <u>WI</u>	Zip <u>54901</u>	Person in charge phone number: <u>[REDACTED]</u>	
President Last <u>Peck</u>		First <u>Scott</u>		Middle Initial <u>L</u>		Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>
Address <u>2655 Chatham Ct.</u>		City <u>Oshkosh</u>		State <u>WI</u>	Zip <u>54904</u>		
Vice President Last <u>Folletz</u>		First <u>Amy</u>		Middle Initial <u>J</u>		Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>
Address <u>3481 Eichstadt Rd.</u>		City <u>Oshkosh</u>		State <u>WI</u>	Zip <u>54901</u>		
Secretary Last <u>Martin</u>		First <u>Amber</u>		Middle Initial <u>L</u>		Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>
Address <u>1703 Northpoint St.</u>		City <u>Oshkosh</u>		State <u>WI</u>	Zip <u>54901</u>		
Treasurer Last <u>Paalich</u>		First <u>Nicholas</u>		Middle Initial <u>J</u>		Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>
Address <u>1315 W. 5th Ave.</u>		City <u>Oshkosh</u>		State <u>WI</u>	Zip <u>54902</u>		
SECTION 2 - EVENT INFORMATION SECTION							
Date(s) of Event: Beginning <u>12/06/2017</u> Ending: <u>12/06/2017</u> Hours <u>5p</u> AM PM <u>8p</u> AM PM							
Please describe the type of event you are going to have: <u>Open house Fundraising Event</u>							
Do you plan to serve food at this event? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, contact the Appleton Health Department. (920.832.6429)							
Location where beer or wine will be sold: <u>Pavana Salon & Spa</u>							
Address <u>133E College Ave</u>		City <u>Appleton</u>		State <u>WI</u>		Zip <u>54911</u>	
Are you requesting an "open concept" license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			Will minors be present? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Describe actual location and dimensions of area to be licensed -- Be precise! We will be serving wine in the Retail area of the Salon, the wine is complimentary and will not be sold.				If yes, how will you prevent minors from obtaining alcoholic beverages? <u>N/A</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>Nicholas J. Paalich</u>				Date <u>11/2/17</u>			
FOR OFFICE USE ONLY							
Dept.	Approve	Deny	By	Reason			
Police							
Fire							
Health							
Inspection							
S&L	Council	Date Issued	Exp. Date	License Number			

OFFICE OF CITY CLERK
FILED
NOV 06 2017
APPLETON, WISCONSIN