

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee
Total Amount Paid ______ + 7.00

Date Rec'd 1 /18/22

Acct Code: CLCSPB
Acct Code: CLCPIF

Receipt 3067 - 2

Application for Temporary Class "B" Beer or "Class B" Wine License

Application MUST be on file for 10 days prior to event, please a	allow 2-3 weeks for processing	g			
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) Strus X Date Organized 1950					
Address 500 W. Maronette St.	City HAD leton	State /	Zip 49	11	
Person in Charge of Event: Name: Last		Gerry P D/D/DD			
Address 1403 Silvercrest DR. City State Wil 5491 Person in charge phone number:					
President Last Fugenheimer FRirst Tim	Middle Initial	Dete of Birth	Male	Femal	
Address Soow. Marguetta st.	Gity Leton	State	Zip/9/	1	
Vice President East First	Middle Initial	Date of Birth	Male	Femal	
Address	City	State	Zip		
Secretary Last First	Middle Initial	Date of Birth	Male	Femal	
Address	City	State	Zip		
Treasurer Last Marces First Charles	Middle Initial	Pate of Birth	Male	Femal	
Address 1500 S. Clara St. City Appleton State Zip 4911					
SECTION 2 – EVENT INFORMATION SECTION					
Date(s) of Event: Beginning 02 112 122 Ending: 02/12/22 Hours 1:00 AM/PM 11:33 AM/PM)					
Please describe the type of event you are going to have: Valentine Spacketti Piner					
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: St fins x 5000. Magnette Basement Cape					
Address Sao W. Maseuz ++C	City HOOL-ten	City State Zip 711		1	
Describe actual location and dimensions of area	Will minors be present?		No	Yes	
to be licensed below:- BE PRECISE!				2	
This is for a valentines Dinerin	beverages?	If yes, how will you prevent minors from obtaining alcoholic beverages? Chark ID's			
SECTION 3 – PENALTY SECTION					
This application must be on file in the Office of the City Clerk for at least ten (10) If the event will last more than four (4) days, the application shall be filed 15 days	, , , ,	nse.			
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, dec	clare under penalties of law that the infe	ormation provided in this ap	plication is true	e and	
correct to the best of their knowledge and beiref.	·				
Signature of Officer / Law					
FOR OFFICE USE ONLY					
Dept. Approve Deny By	Reason				
Police					
Fire Health					
Inspection					
S&L \- 21 Date Issued	Exp. Date	License Number			