



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>FEB 07 2020</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2335
Total Amount Paid <u>27.00</u>	Receipt <u>506-0022</u>



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

<b>The named organization applies for:</b>					
<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 permits in a 12 month period)					
<b>SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly</b>					
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) <u>Thompson Center on Lourdes in St. Bernadette</u>					Date Organized
Address <u>2331 E. Lourdes Dr.</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	
Person in Charge of Event:		Name: Last <u>Peterson</u> First <u>Marilyn</u> Middle Initial <u>J</u>		Date of Birth <u>●●●●●●</u>	
Address <u>2627 W. Parkmoor Ct.</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54914</u>	Person in charge phone number: <u>●●●●●●</u>
President	Last <u>Zuelke</u> First <u>Ray</u> Middle Initial <u>V</u>	Date of Birth <u>●●●●●●</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	
Address <u>138 Ombre Rose Dr.</u>		City <u>Combined Locks</u>	State <u>WI</u>	Zip <u>54113</u>	
Vice President	Last <u>Bell</u> First <u>Greg</u> Middle Initial <u>J</u>	Date of Birth <u>●●●●●●</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	
Address <u>53 Diane Ln.</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	
Secretary	Last <u>Green</u> First <u>AoiBh</u> Middle Initial	Date of Birth <u>●●●●●●</u>	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	
Address <u>549 N. Summit St</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54914</u>	
Treasurer	Last <u>Gretzinger</u> First <u>Colby</u> Middle Initial	Date of Birth <u>●●●●●●</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>	
Address <u>2609 Beechwood Ct</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>	
<b>SECTION 2 – EVENT INFORMATION SECTION</b>					
Date(s) of Event: Beginning <u>4/24/20</u> Ending: <u>4/24/20</u> Hours <u>5:00 AM</u> <input checked="" type="radio"/> <u>11:00 AM</u> <input checked="" type="radio"/>					
Please describe the type of event you are going to have: <u>4/24/20 Del Ray Dance 10/2/20 Still Cruisn Dance</u>					
Do you plan to serve food at this event? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact the Appleton Health Department. (920.832.6429)					
Location where beer or wine will be sold: <u>St. Bernadette's School Lunch Room</u>					
Address <u>2331 E. Lourdes Dr.</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54915</u>	
Are you requesting an "open concept" license? <input checked="" type="checkbox"/> No <input 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! <u>Lunchroom in the basement of old school</u>			If yes, how will you prevent minors from obtaining alcoholic beverages?		
<b>SECTION 3 – PENALTY SECTION</b>					
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>Marilyn J. Peterson</u>					
<b>FOR OFFICE USE ONLY</b>					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L	<u>Council</u>	Date Issued	Exp. Date	License Number	