

## Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 1-29-2024

Town  Village  City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.  
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning OCT 5 and ending OCT 6 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. **Organization** (check appropriate box) →  Bona fide Club  Church  Lodge/Society  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name ST JOSEPH PARISH

(b) Address 404 W. LAWRENCE ST APPLETON  
(Street)  Town  Village  City

(c) Date organized 1860

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:  
~~President~~ BR. RAY STADMEYER - Parish Pastor  
~~Vice President~~ MICHAEL DUSNIK - FACILITY MGR  
 Secretary DANA SCHMIDT  
 Treasurer ROGER SIMON

(g) Name and address of manager or person in charge of affair: MICHAEL DUSNIK

2. **Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcoholic Beverage Records Will be Stored:**

(a) Street number 404 W LAWRENCE ST

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? All

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

3. **Name of Event**

(a) List name of the event FALL FESTIVAL

(b) Dates of event OCT 5, OCT 6

(c) Time(s) of event 9:00 AM 10/5 5 PM 10/6

**DECLARATION**

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Michael Dusnik  
(Signature / Date)

St. Joseph Parish  
(Name of Organization)

Date Filed with Clerk JUL 29 2024

Date Reported to Committee \_\_\_\_\_

Date Granted \_\_\_\_\_

License No. \_\_\_\_\_

COA Dept. Approval: Police \_\_\_\_\_ Fire \_\_\_\_\_ Health \_\_\_\_\_