

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: 08/06/2024

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 09/20/2024 and ending 09/20/2024 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 Appleton-Downtown, Inc. Creative Downtown Appleton Inc.

(b) Address 333 W. College Ave.
(Street) Town Village City

(c) Date organized 04/21/1993

(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 Lyssa King, 211 W. College Ave., Appleton, WI 54912
Vice President Steve Lonsway, 1004 S. Olde Oneida St., Appleton, WI 54911
Secretary Kolby Knuth, 901 S. Lawe St., Appleton, WI 54915
Treasurer Tom Klister, 229 E. Washington St., Appleton, WI 54911

(g) Name and address of manager or person in charge of affair: Jennifer Stephany
(g)1. Date of Birth _____ (g)2. Drivers License _____ (g)3. Email _____ Phone _____

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

(a) Street number Houdini Plaza W. College Ave., Appleton, WI

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Full use of the outdoor space in Houdini Plaza

(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 Movie Night in Houdini Plaza

(b) Dates of event 09/20/2024

(c) Time(s) of event 6:00 PM - 10:00 PM

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 Jennifer Stephany
(Signature / Date)

Creative Downtown Appleton Inc.
(Name of Organization)

Date Filed with Clerk AUG 16 2024
Date Granted _____

Date Reported to Committee 8/28/24
License No. _____

COA Dept. Approval: Police — Fire _____ Health _____