



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

FEES ARE NON-REFUNDABLE		Date Rec'd <u>7/18/19</u>
License Fee - \$10.00 per event		Acct. 11030.4322
Investigation Fee + 7.00		Acct. 100.2359
Total Amount Paid <u>17.00</u>		Receipt <u>12132</u>

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

The named organization applies for:							
<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)							
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)						Date Organized	
<u>St Joseph Congregation</u>							
Address <u>404 W. LAWRENCE ST</u>				City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	
Person in Charge of Event: <u>EVENT CHAIR</u>			Name: Last <u>BIERSTAKER</u> First <u>MIKE</u> Middle Initial <u>G</u>		Date of Birth <u>██████████</u>		
Address <u>1715 S. HILLCREST DR</u>			City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	Person in charge phone number: <u>██████████</u>	
President Last <u>PASTOR LEARY</u> First <u>JAMES</u> Middle Initial <u>P</u>		Date of Birth <u>██████████</u>		Male <input checked="" type="checkbox"/>	Female		
Address <u>404 W. LAWRENCE ST</u>				City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	
Vice President Last <u>TRUSTEE TOPPINS</u> First <u>MARY</u> Middle Initial <u>K</u>		Date of Birth <u>██████████</u>		Male	Female <input checked="" type="checkbox"/>		
Address <u>4517 N. HAYMEADOW AVE</u>				City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54913</u>	
Secretary Last <u>TRUSTEE WILZ</u> First <u>JANE</u> Middle Initial <u>A</u>		Date of Birth <u>██████████</u>		Male	Female <input checked="" type="checkbox"/>		
Address <u>9 MEADOWBROOK LN</u>				City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54914</u>	
Treasurer Last		First		Middle Initial		Date of Birth	
Address		City		State		Zip	
SECTION 2 – EVENT INFORMATION SECTION							
Date(s) of Event: Beginning <u>9/14/2019</u> Ending: <u>9/14/2019</u>				Hours <u>4</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
Please describe the type of event you are going to have: <u>FALL FESTIVAL PARISH FUNDRAISER</u>							
Do you plan to serve food at this event?			No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429)			
Location where beer or wine will be sold: <u>ST. JOSEPH PARISH</u>							
Address <u>404 W. LAWRENCE ST</u>				City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	
Are you requesting an "open concept" license?			No <input type="checkbox"/>	Yes <input type="checkbox"/> Will minors be present?			No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Describe actual location and dimensions of area to be licensed – Be precise! <u>West Parking Lot</u>				If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Checking ID's</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></u>							
FOR OFFICE USE ONLY							
Dept.	Approve	Deny	By	Reason			
Police							
Fire							
Health							
Inspection							
S&L	Council	Date Issued	Exp. Date	License Number			

11-01-09

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799