



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>8/30/23</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17</u>	Receipt <u>5554-1</u>

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

Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing

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)				Date Organized		
St. Joseph Catholic Church				1860		
Address		City	State	Zip		
404 W. Lawrence		Appleton	WI	54911		
Person in Charge of Event: →		Name: Last	First	M.I.	Date of Birth	
		FUSNIK	Michael	J	REDACTED	
Address		City	State	Zip	Person in charge phone number:	
25732 US Hwy 10		Menasha	WI	54952	REDACTED	
President	Last	First	Middle Initial	Date of Birth	Male	Female
	STEDMEYER	RAY	"BROTHER"	REDACTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Address		City	State	Zip		
404 W LAWRENCE		APPLETON	WI	54911		
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
	FUSNIK	MICHAEL	J	REDACTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Address		City	State	Zip		
25732 US Hwy 10		MENASHA	WI	54952		
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
	CAROL C LEMMONS	MAUDY		REDACTED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Address		City	State	Zip		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		

SECTION 2 – EVENT INFORMATION SECTION

Date(s) of Event: Beginning	9/9/23	Ending	9/10/23	Hours	3	AM/PM	9	AM/PM
Please describe the type of event you are going to have: FALL FESTIVAL								
Do you plan to serve food at this event?		No	<input checked="" type="checkbox"/> Yes	If yes, contact the Appleton Health Department. (920.832.6429)				
Location where beer or wine will be sold or served: 404 W. LAWRENCE ST								
Address		City	State	Zip				
404 W. LAWRENCE ST		Appleton	WI	54911				
Describe actual location and dimensions of area to be licensed below:- BE PRECISE!				Will minors be present?		No	Yes	
WEST PARKING LOT NWCORNER OF CHURCH						No	<input checked="" type="checkbox"/>	
				If yes, how will you prevent minors from obtaining alcoholic beverages?		STRICT CARDING ID		

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 Michael F. Fusnik

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
S&L	9-6-23	Date Issued	Exp. Date	License Number