



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>7/26/19</u>
License Fee - \$10.00 per event		Acct. 11030.4322
Investigation Fee + 7.00		Acct. 100.2359
Total Amount Paid <u>10-</u>		Receipt <u>12335</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) United Sports Association for Youth, Inc						Date Organized 03/01/1994	
Address P.O. Box 532				City Appleton		State WI	Zip 54912
Person in Charge of Event:			Name: Last Ornstein, Joe D		First	Middle Initial	Date of Birth ●●●●
Address 941 E Pacific St			City Appleton		State WI	Zip 54911	Person in charge phone number: ●●●●●●
President Ornstein, Joe D		Last		First		Middle Initial	Date of Birth ●●●●
Address 941 E Pacific St		City Appleton		State WI	Zip 54911	Male <input checked="" type="checkbox"/>	Female
Vice President Peters, Steve		Last		First		Middle Initial	Date of Birth
Address 4506 N Snowy Owl Ct		City Appleton		State WI	Zip 54913	Male <input checked="" type="checkbox"/>	Female
Secretary Hahn, Aaron		Last		First		Middle Initial	Date of Birth
Address 317 E Clearfield Ln		City Appleton		State WI	Zip 54913	Male <input checked="" type="checkbox"/>	Female
Treasurer Ramczyk, Rick		Last		First		Middle Initial	Date of Birth
Address 2624 W Sunnyview Cir		City Appleton		State WI	Zip 54914	Male <input checked="" type="checkbox"/>	Female
<b>SECTION 2 – EVENT INFORMATION SECTION</b>							
Date(s) of Event: Beginning 09 / 28 / 2019 Ending: 09 / 28 / 2019 Hours 12:00 AM (PM) 7:00 AM (PM)							
Please describe the type of event you are going to have: Octoberfest Youth Soccer Tournament							
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: USA Sports Complex Plaza							
Address 3300 E Evergreen Dr (USA Sports Complex)				City Appleton		State WI	Zip 54913
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! Concession Plaza Area				If yes, how will you prevent minors from obtaining alcoholic beverages? Wristbands, id checks,			
<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							
<b>FOR OFFICE USE ONLY</b>							
Dept.	Approve	Deny	By	Reason			
Police							
Fire							
Health							
Inspection							
S&L		Council		Date Issued		Exp. Date	License Number