



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>2/23/21</u>
License Fee - \$10.00 per event <sup>3 e. fee</sup>	Acct. 11030.4322
Investigation Fee <del>per WI</del> + 7.00	Acct. 100.2359
Total Amount Paid <u>10</u>	Receipt <u>1812-0003</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) <u>Appleton Area Jaycees</u>				Date Organized
Address <u>1444 E Northland Ave</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>
Person in Charge of Event:		Name: Last <u>Lambert</u>	First <u>Jon</u>	Middle Initial <u>M</u>
Address <u>548 N Clark St.</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>
Person in charge phone number: <u>[REDACTED]</u>				
President	Last <u>Solin</u>	First <u>Stephanie</u>	Middle Initial	Date of Birth
Address		City	State	Zip
Vice President	Last	First	Middle Initial	Date of Birth
Address		City	State	Zip
Secretary	Last	First	Middle Initial	Date of Birth
Address		City	State	Zip
Treasurer	Last <u>Schuh</u>	First <u>Stephanie</u>	Middle Initial	Date of Birth
Address		City	State	Zip
<b>SECTION 2 – EVENT INFORMATION SECTION</b>				
Date(s) of Event: Beginning <u>7/3/21</u>		Ending: <u>7/3/21</u>	Hours	<u>4:00 AM</u> <input checked="" type="radio"/> <u>PM</u> <u>11:00 AM</u> <input checked="" type="radio"/> <u>PM</u>
Please describe the type of event you are going to have: <u>Community, Fireworks, Concert</u>				
Do you plan to serve food at this event?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	If yes, contact the Appleton Health Department. (920.832.6429)
Location where beer or wine will be sold: <u>Memorial Park</u>				
Address <u>1620 Witzke Blvd.</u>		City <u>Appleton</u>	State <u>WI</u>	Zip <u>54911</u>
Are you requesting an "open concept" license?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Will minors be present?
		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Describe actual location and dimensions of area to be licensed – Be precise! <u>bottom of hill next to amphitheater and at the top of the hill</u>		If yes, how will you prevent minors from obtaining alcoholic beverages? <u>must have husband to buy/drink</u>		
<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 <u>Jon Lamb</u>				
<b>FOR OFFICE USE ONLY</b>				
Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L <u>3-21-21</u>	Date Issued		Exp. Date	License Number