



OFFICE OF CITY CLERK
FILED
 FEB 20 2018
 "meeting community needs
enhancing quality of life"
 APPLETON, WISCONSIN

FEES ARE NON-REFUNDABLE Date Rec'd 2/26/18
 License Fee - \$10.00 per event Acct. 11030.4322
 Investigation Fee + 7.00 Acct. 100.2359
 Total Amount Paid 17. Receipt 4814034

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

The named organization applies for:

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 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) Fox Valley Heat Fastpitch Date Organized 8/26/15

Address 313 S. Joseph St. City Appleton State WI Zip 54915

Person in Charge of Event: Name: Last Mueske First Eric Middle Initial J. Date of Birth [REDACTED]

Address 313 S. Joseph St. City Appleton State WI Zip 54915 Person in charge phone number: [REDACTED]

President Last Mueske First Eric Middle Initial J. Date of Birth [REDACTED] Male Female

Address 313 S. Joseph St. City Appleton State WI Zip 54915

Vice President Last _____ First _____ Middle Initial _____ Date of Birth _____ Male Female

Address _____ City _____ State _____ Zip _____

Secretary Last _____ First _____ Middle Initial _____ Date of Birth _____ Male Female

Address _____ City _____ State _____ Zip _____

Treasurer Last Mueske First Michelle Middle Initial K. Date of Birth [REDACTED] Male Female

Address 313 S. Joseph St. City Appleton State WI Zip 54915

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 5/12/18 Ending: 5/12/18 Hours 8:00 AM PM 9:00 AM PM

Please describe the type of event you are going to have: Fastpitch softball tournament

Do you plan to serve food at this event? No Yes If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold: Main conc. area at Appleton Memorial Park

Address 1620 Witzke BLVD. City Appleton State WI Zip _____

Are you requesting an "open concept" license? No Yes Will minors be present? No Yes

Describe actual location and dimensions of area to be licensed - Be precise! Main concession area 12x12 area. If yes, how will you prevent minors from obtaining alcoholic beverages? Only adults will be allowed at counter. Lic. w/ proof of age & wristbands

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

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L	Council	Date Issued	Exp. Date	License Number

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FILED
 FEB 26 2018
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