



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>5/16/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17</u>	Receipt _____

**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 checked="" 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)				Date Organized	
Fox Valley Vietnam Veterans Association				Oct. 1983	
Address		City	State	Zip	
120 N. Morrison		Appleton	WI	54911	
Person in Charge of Event:		Name: Last	First	Middle Initial	Date of Birth
		Willem	David	G	●-●●-●●
Address		City	State	Zip	Person in charge phone number:
59 S. Meadow Dr		Appleton	WI	54915	●●●-●●●-●●●●
President	Last	First	Middle Initial	Date of Birth	Male
	Boettcher	Bob	A	●●-●●-●●	X
Address		City	State	Zip	
1409 Harrison		Appleton	WI	54911	
Vice President	Last	First	Middle Initial	Date of Birth	Male
	Falk	Don	F	●●-●●-●●	X
Address		City	State	Zip	
528 Claire Dr.		Appleton	WI	54915	
Secretary	Last	First	Middle Initial	Date of Birth	Male
	Wilhams	Joe	E	●●-●●-●●	X
Address		City	State	Zip	
W 7064 Verna Rd		Menasha	WI	54952	
Treasurer	Last	First	Middle Initial	Date of Birth	Male
	Wilhams	Joe	E	●●-●●-●●	X
Address		City	State	Zip	
W 7064 Verna Rd		Menasha	WI	54952	
<b>SECTION 2 – EVENT INFORMATION SECTION</b>					
Date(s) of Event: Beginning		Ending:	Hours	AM	PM
8/31/19		8/4/19	11:00	AM	PM
Please describe the type of event you are going to have:					
FREE MUSIC FESTIVAL, OPEN TO GENERAL PUBLIC					
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:					
LAKE ORMSBY / ORMSBY MALL - LAWRENCE UNIVERSITY					
Address		City	State	Zip	
401 E. College Ave - located at S. Drew St / College Ave		APPLETON	WI	54911	
Are you requesting an "open concept" license?		No	(Yes)	Will minors be present?	
		No	(Yes)	No (Yes)	
Describe actual location and dimensions of area to be licensed - Be precise!			If yes, how will you prevent minors from obtaining alcoholic beverages?		
SEE ATTACHED PHOTO			WRISTBAND PURCHASE W/ I.D. AND TICKETS. BAR TENDERS AT ALL BAR AREAS		
<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	

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

