

"meeting community needsenhancing quality of life" FEES ARE NON-REFUNDABLE

Date Recv'd 8/6/18

License Fee - \$10:00 per event

tinvestigation Fee + 7.00 Total Amount Pald: 176

Acct. 11030.4322

Acet: 100:2359 Receipt::: 4874969

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

| The named or | ganizatio | n applie | s for: | | | | | | 373 2 2 34 1 3 m 2 376 1 3 3 3 3 3 3 3 | | |
|--|--|-----------------------|---------------------------------------|-------------------|------------------------------------|------------------------------|---|---|---|------------------------|-------------|
| A temporary C | lass "B" licen | se to sell F | ERMENTE | MALT E | BEVERAGES & | it picnics o | r similar gat | thering und | ier s. 125.25(6 | Wis. Stats. | |
| A temporary C | lass "B" licen | se to sell \ | NINE at pic | nics or si | imilar gather | ing under | s. 125.51(10 |)) Wis. Stat | s. (Umit 2 perr | nits in a 12 mon | th period) |
| SECTION 1 - C |)RGANIZĀ | TION II | NFORM/ | ATION | – Answe | rall gue | stions co | mplete | ly. Please | | ly. |
| Name of Organiz St. Thomas N | ation (Bona lore Cond | fide club gregatio | , lodge or on - Fis | society, h Fry | veteran's c Committe | rganizati B C | on or fair as | ssociation | Date Or 09/01/ | | |
| Address 1810 N. McDona | | <u> </u> | | | | Cit | y oleton | | State NI- | Zip 54911 | |
| Person in Cha | | vent: | | Name | : La Simo | st | Fir Cı | | Middle II | nitial Date o | f Birth |
| Address | - | | • | L.— | City | ··· | State | Zip | | n charge phone i | number: |
| 3116 E. Greenle | • | | | 1 | Appleton | The second | WI | 5491 | 3 | | <u> </u> |
| President | Last Lucas | | | First Rev. Jam | 65 | | Initial V. | 227 57 52 | Date of Bir | th Male | Female |
| Address 2001 N | I. McDonald St. | | ٠. | • | | City Apple | | | State vi | Zip 54911 | |
| Vice President | . Last | | | First | • | Middle | Initial | | Date of Bir | th Male | Female |
| Address | | | | : | | City | | | State | Zip | • |
| Secretary | Last | | | First | ····• | Middl | e Initial | | Date of Bir | th Male | Female |
| Address | | • • • • | | ٠.٠. | | City | , | 1 | State | Zip | |
| Treasurer. | Last | | | First Barbara | | Middle | Initial | | Date of Bir | th Male | Female X |
| Address N3518 K | | | | | ; | City New L | ondon | | State | Zip 54961 | |
| SECTION 2 = E | | ORMAT | ION SEC | TION | 2 A-1 T | ' | | | | | |
| Date(s) of Event: | The second secon | | | | ing:09 / | 07/20 | 18 Hou | urs 4:0 | O AST PI | M 9:00 | PM PM |
| Please describe the | | | | <u> </u> | | <u> </u> | , , , , , , , , , , , , , , , , , , , | <u> 4.0</u> | | <u> </u> | |
| Fish Fry!s Do you plan to ser | ve food at th | nis event? | No | XXX | If yes, con | ntact the A | Appleton H | ealth Dep | artment. (920 |).832.6429) | |
| Location where be St. Thomas Mor | er or wine v | vill be so | ld: | | | - | | | , | | |
| Address 1810 N. McDon | | | . , | ٠. | | City App | leton | | State VI | Zip 54911 | |
| Are you requesting | | oncept" l | icense? | XX | X Yes | | nors be pre | sent? | | · · · · · No | XXX |
| Describe actual loc | cation and d | imension | s of area t | o be lice | nsed – | If yes, h | ów will yo | u prevent | minors from | obtaining alcol | iolic |
| Be precise! Lowe | er Level | Cafe | eria o | of . | | beverag | es? The l | bevera | ge area | will be s | upervis |
| st. | Thomas . | More S | School | | | at al | 1 times | s by a | n adult | & ID will | be chec |
| SECTION 3 - PE | NALTY SE | CTION | | | | <u> </u> | in the second control of the second control | er er og skrige <u>St. Dilligter</u> e | | <u> </u> | |
| This application must be | on file in the (| Office of the | City Clerk f | or at least | ten (10) busine | ess days pric | r to granting th | he license. | • | | |
| If the event will last mor | re than four (4) | days, the ar | plication sha | ill be filed | 15 days prior t | to the grantin | ng of the licens | se. 1) offoating | the sole of farm in | Service katawa | |
| This organization also a license is granted. The | grees to comply | with all lav | vs, resolution | is, ordinan | ices and regula other declare i | nons (state, moer penalti | es of law that | the informat | ion provided in | his application is the | OF PROCERK |
| correct to the best of the | | | II, IIIUI VALIDAI | 1 |) | F | | | | | ماحاد |
| Signature of Officer | | 10 | <u></u> K |) tu | سدوي | | · . | <u> </u> | , . | | _ 0040 |
| Signature of Others | | 7 | | | | | | | | . AUG U | 6 2018 |
| FOR OFFICE US | E ONLY | | | | | | | | | | |
| Dept. | Approve | Deny | Ву | , | | Reaso | on | | · | APPLETON | , WISCONSIA |
| Police | | | | | | | | | | | |
| Fire | | | | | | | • | | | • • • | |
| Health | | | | - | | | | _, | • | | |
| Inspection | Tar :: | <u>l</u> | · · · · · · · · · · · · · · · · · · · | N-4- T- | | <u> </u> | vn Data | · | License N | humber | |
| S&L | Council | | 1 | Date Issue | 0 | · E | xp. Date | | License N | -4-4- | |