



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

FEES ARE NON-REFUNDABLE	Date Recd <u>APR 10 2024</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17</u>	Receipt <u>60658-4</u>

Application for Temporary Class "B" Beer or "Class B" Wine License

Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing

The named organization applies for: (Please check one or both)

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 licenses 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) Heart of the Valley Lions Club Date Organized 2018

Address PO Box 151 City Combined Locks State WI Zip 54113

Person in Charge of Event: Name: Last Sewall First Beth M. I. M Date of Birth _____

Address 207 Hidden Ridges Way City Combined Locks State WI Zip 54113 Person in charge phone number: _____

President Last Sewall First Beth Middle Initial M Date of Birth _____ Male Female

Address 207 Hidden Ridges Way City Combined Locks State WI Zip 54113

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

Address 1526 Harrison St City Kaukauna State WI Zip 54130

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

Address 510 Richard St City Combined Locks State WI Zip 54113

Treasurer Last Vanden Bosch First Michelle Middle Initial _____ Date of Birth _____ Male Female

Address N9603 Handel Dr City Appleton State WI Zip 54915

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 6/22/24 Ending: 6/22/24 Hours Noon AM / PM 11:00 AM / PM

Please describe the type of event you are going to have: Sol Dance Music Festival

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 or served: Adjacent to Pavilion in Jones Park

Address 301 W. Lawrence St City Appleton State WI Zip 54911

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! Will minors be present? No Yes

Amphitheater to Pavilion If yes, how will you prevent minors from obtaining alcoholic beverages? FD Check + Wristbands Required

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 [Signature]

FOR OFFICE USE ONLY

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