

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event Investigation Fee + 7.0

Total Amount Paid 97.00

Date Report 1/7-2023
Acct Code: CLCSPB

Acct Code: CLCSPB
Acct Code: CLCPIF

Receipt 5741 - 01

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*

Application wood be on the for 10 days prior to event, please allow 2-5 weeks for processing											
The named organization applies for: (Please check one or both)											
X 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) Date Organized 01/01/2003											
Address 1941 P.O. Box 54912						City Appleton		State WI	Zip 549	Zip 54911	
Person in Charge of Event: Name: Last						First M. I. Nicholas B		_	Date of Birth		
Address 2314 N.	ess 314 N. Appleton St. City Appleton					State Zip Person in co			narge phone number		
President Van He	Last .	์	(First Peter		e Initial		Date of Birth	Male	Female	
Address					Cit	у		State	Zip		
Vice President LA	・Last ルペク			First Vick		e Initial		Pate of Birth	Male	Female	
Address 2314 IV. Appleton St.						Appleton		State WZ	Zip 54		
Secretary	Last			First		le Initial		Date of Birth	Male	Female	
Address					Cit			State	Zip		
Treasurer	Last			First		e Initial		Date of Birth	Male	Female	
Address						City State Zip					
SECTION 2 - EVENT INFORMATION SECTION Date(s) of Event: Beginning / //9 /2024 Ending: 3 / 29 /2024 Hours 7:00 AM/PM (0:00 AM/PM)											
Please describe the type of event you are going to have: Family Enterfainment Fox Cities Ice Dog Hockey Game GLHL breat Lakes Hockey Leaving Do you plan to serve food at this event? No Yes Iffee, contact the Appleton Health Department. (920.832.6429)											
Do you plan to serve food at this event? No Yes IF yes, contact the Appleton-Health Department. (920.832.6429)											
Location where heer or wine will be sold or served:											
AFIC) Appleton Family Ice Center - Consession Stand at rear of Building Address 1717 E Witzke Blvd Appleton Appl											
1717 E Witzke Blud						appleton		WI	5491	′/	
Describe actual lo	cation and di	imensions	of area		Will n	inors be pres	ent?		No	Yes	
to be licensed below:- BE PRECISE!										×	
						f yes, how will you prevent minors from obtaining alcoholic					
Section of building, Existing consession stand. beverages? Id checks, Braclets / stamp for Age.											
SECTION 3 – PENALTY SECTION											
This application must be			City Clerk fo	or at least ten (10) busin	ess days pi	ior to granting th	e 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 believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of their knowledge and believe the correct to the best of the correct to the correct to the best of the correct to the cor											
Signature of Officer											
FOR OFFICE USE ONLY SUNT for numery OPT 1 7 2023											
Dept.	Approve	Deny	Ву		Rea	son					
Police	X		(700d)	in, B			- <u>ධ</u>	023			
Fire											
Health											
Inspection.						D-4			1		
S&L		Date Issued			Exp	. Date		License Number			

Gmail

Nick L <nickl.apraz@gmail.com>

(no subject)

1 message

Nick L <nickl.apraz@gmail.com> To: Nick L <nickl.apraz@gmail.com> Tue, Oct 17, 2023 at 12:30 PM

10/28 @ Fondy 11/3 vs Fondy 11/11 @ West Bend 12/2 @ Marquette 12/8 @ Mosinee 12/9 vs Mosinee 1/5 @ Fondy 1/19 @ West Bend 1/20 vs Marquette 2/9 @ Eagle River 2/16 vs Portage Lake 2/17 vs Calumet 2/23 @ De Pere 3/8 @ Calumet 3/9 @ Portage Lake 3/15 vs Eagle River 3/16 @ Fondy 3/22 vs De Pere 3/23 vs West Bend 3/29 vs Fondy 3/30 vs West Bend conceiled