



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

23-1222

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>OCT 09 2023</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>17.00</u> + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17.00</u>	Receipt <u>5714-1</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) <b>XAVIER BOOSTER CLUB</b>			Date Organized		
Address <b>1600 WEST PROSPECT AVE</b>		City <b>APPLETON</b>	State <b>WI</b>	Zip <b>54914</b>	
Person in Charge of Event:		Name: Last <b>BIEBEL</b>	First <b>ROBERT</b>	M. I. <b>M</b>	Date of Birth
Address <b>1170 MARCOFF DRIVE</b>		City <b>DASHCUSH</b>	State <b>WI</b>	Zip <b>54909</b>	Person in charge phone number:
President	Last <b>WANTY</b>	First <b>STEVE</b>	Middle Initial	Date of Birth	<input checked="" type="radio"/> Male <input type="radio"/> Female
Address <b>330 E. CLEARWATER R</b>		City <b>APPLETON</b>	State <b>WI</b>	Zip <b>54913</b>	
Vice President	Last <b>LOMBARDI</b>	First <b>CATHY</b>	Middle Initial	Date of Birth	<input type="radio"/> Male <input checked="" type="radio"/> Female
Address <b>4830 W. AMBENWOOD LN</b>		City <b>APPLETON</b>	State <b>WI</b>	Zip <b>54913</b>	
Secretary	Last <b>DAVIDSON</b>	First <b>SHANNON</b>	Middle Initial	Date of Birth	<input type="radio"/> Male <input checked="" type="radio"/> Female
Address <b>414 W. ROLLING MEROBUS LN</b>		City <b>APPLETON</b>	State <b>WI</b>	Zip <b>54913</b>	
Treasurer	Last <b>HERALDES</b>	First <b>LUKE</b>	Middle Initial	Date of Birth	<input checked="" type="radio"/> Male <input type="radio"/> Female
Address <b>9350 Hawk View Court</b>		City <b>NEWAIR</b>	State <b>WI</b>	Zip <b>54956</b>	

#### SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning	<b>11/01/23</b>	Ending:	<b>11/01/23</b>	Hours	<b>8</b> <input checked="" type="radio"/> AM <input type="radio"/> PM <b>5</b> <input type="radio"/> AM <input checked="" type="radio"/> PM
Please describe the type of event you are going to have: <b>3023 Memorial Basketball Tournament</b>					
Do you plan to serve food at this event?		No	<input checked="" type="radio"/> Yes	If yes, contact the Appleton Health Department. (920.832.6429)	
Location where beer or wine will be sold or served: <b>XAVIER HIGH SCHOOL</b>					
Address <b>1600 W. PROSPECT</b>		City <b>APPLETON</b>	State <b>WI</b>	Zip <b>54904</b>	
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!		<b>OUTSIDE GYM</b>	Will minors be present?		No <input type="radio"/> Yes <input checked="" type="radio"/>
Sent for approval: <b>OCT 09 2023</b>		If yes, how will you prevent minors from obtaining alcoholic beverages? - <b>SEPARATE TENTED 30 X 30 AREA FOR BEER.</b>			

#### 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 Bob Biebel

#### FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police	<input checked="" type="checkbox"/>		Goodin	10-10-23
Fire	<input checked="" type="checkbox"/>		Henson	10-10-23
Health				
<del>Investigation</del>				
S&L	<b>10-25-23</b>	Date Issued	Exp. Date	License Number