



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

**REQUEST for
Beer/Liquor License
Premise Amendment**

FEES ARE NON-REFUNDABLE	Date Recv'd <u>7/25/19</u>
License Fee \$10.00/event	Acct: CLCAGP
Receipt <u>12294</u>	

SECTION 1 – LICENSE INFORMATION				
Name of Establishment	Fox Cities Performing Arts Center			
Address of Establishment	400 West College Avenue, Appleton WI 54911			
Name of Agent	Pilar Martinez			
	Phone Number 420-730-3735			
SECTION 2 – PREMISE AMENDMENT				
Please describe the change in premises: *A drawing/diagram of the proposed area must also be submitted with this application* The Fox Cities Performing Arts Center will be hosting our fourth annual cookout for our Annual Partners as a thank you for their financial support throughout this past year. The event will be taking place on Tuesday, August 20, 2019 from 5:30 to 7:30 p.m. We are planning to host this summer cookout, outdoors at the Performing Arts Center, on our Thrivent Financial Employee Plaza and in the covered valet area. Traditional Wisconsin cookout food such as burgers and brats will be provided along with a variety of beverages. To allow us to serve alcohol at this event we are requesting a one-day amendment to our liquor license. The space will be fenced in with stanchions and has a capacity of approximately 200 people.				
Is this change Permanent? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If this is temporary please specify the reason for the amendment: Although this event will be hosted on the Fox Cities P.A.C. property, it is outdoors and we will need our liquor license amended for the day to extend outside to this space.			
Please list the date(s) and time(s) that this temporary premise amendment will be utilized: Tuesday, August 20, 2019 from 5:00-8:00pm				
SECTION 3 – PENALTY NOTICE				
I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council. Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.				
Signature of Applicant: <u>Pilar Martinez</u>				
FOR OFFICE USE ONLY				
Department	Approve	Deny	By	Reason
Comm. Dev.				
Finance				
Fire				
Health				
Inspections				
Police				
S&L	Council	Date Issued	Exp. Date	License Number