



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>6/12/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee <u>+ 7.00</u>	Acct. 100.2359
Total Amount Paid <u>17.00</u>	Receipt <u>10574</u>

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

<b>The named organization applies for:</b>					
<input checked="" type="checkbox"/> A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.					
<input type="checkbox"/> A temporary Class "B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 permits in a 12 month period)					
<b>SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly</b>					
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association)					Date Organized
<u>OUTRI RUN FOUNDATION</u>					
Address		City	State	Zip	
<u>920 Keller Park Drive</u>		<u>Appleton</u>	<u>WI</u>	<u>54912</u>	
Person in Charge of Event:		Name: Last	First	Middle Initial	Date of Birth
		<u>Wesley</u>	<u>Heather</u>	<u>V.</u>	<u>[REDACTED]</u>
Address		City	State	Zip	Person in charge phone number
<u>9459 Emily Ln</u>		<u>Appleton</u>	<u>WI</u>	<u>54915</u>	<u>[REDACTED]</u>
President	Last	First	Middle Initial	Date of Birth	Male Female
	<u>West</u>	<u>Gloria</u>		<u>[REDACTED]</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Address		City	State	Zip	
<u>4800 West Sootenpine Ct</u>		<u>Appleton</u>	<u>WI</u>	<u>54913</u>	
Vice President	Last	First	Middle Initial	Date of Birth	Male Female
	<u>West</u>	<u>Ben</u>	<u>M</u>	<u>[REDACTED]</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Address		City	State	Zip	
<u>920 S. Keller Park Dr.</u>		<u>Appleton</u>	<u>WI</u>	<u>54914</u>	
Secretary	Last	First	Middle Initial	Date of Birth	Male Female
	<u>Mosinski</u>	<u>Matt</u>		<u>[REDACTED]</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Address		City	State	Zip	
<u>4920 N Sunnapple Dr</u>		<u>Appleton</u>	<u>WI</u>	<u>54913</u>	
Treasurer	Last	First	Middle Initial	Date of Birth	Male Female
	<u>Choudsiri</u>	<u>Pat</u>		<u>[REDACTED]</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Address		City	State	Zip	
<u>3401 W. Warner Estates Dr.</u>		<u>Appleton</u>	<u>WI</u>	<u>54913</u>	
<b>SECTION 2 - EVENT INFORMATION SECTION</b>					
Date(s) of Event: Beginning <u>8/3/19</u> Ending: <u>8/3/19</u> Hours <u>7:00</u> <input checked="" type="radio"/> AM <input type="radio"/> PM <u>4:00</u> <input checked="" type="radio"/> AM <input type="radio"/> PM					
Please describe the type of event you are going to have: <u>Bike to the Beat Bike Ride</u>					
Do you plan to serve food at this event? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, contact the Appleton Health Department. (920.832.6429)					
Location where beer or wine will be sold: <u>Woodward Radio Group</u>					
Address		City	State	Zip	
<u>2800 E. College Ave</u>		<u>Appleton</u>	<u>WI</u>	<u>54915</u>	
Are you requesting an "open concept" license?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Will minors be present? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Describe actual location and dimensions of area to be licensed - Be precise! <u>See attached map.</u>			If yes, how will you prevent minors from obtaining alcoholic beverages? <u>Anyone under 40 will be carded</u>		
<b>SECTION 3 - PENALTY SECTION</b>					
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: <u>[Signature]</u>					
<b>FOR OFFICE USE ONLY</b>					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L	Council	Date Issued	Exp. Date	License Number	

11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799

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