



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>8/28/23</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>5557-3</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\*

<b>The named organization applies for: (Please check one or both)</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 checked="" type="checkbox"/> 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)									
<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) Thompson Center on Lourdes						Date Organized			
Address 2331 E. Lourdes Drive			City Appleton		State WI	Zip 54915			
Person in Charge of Event:			Name: Last Kath		First Djuanna	M. I. L.	Date of Birth REDACTED		
Address 2331 E. Lourdes Dr.			City Appleton		State WI	Zip 54915	Person in charge phone number: REDACTED		
President		Last Greene	First Aoibheann	Middle Initial		Date of Birth REDACTED	Male	Female <input checked="" type="checkbox"/>	
Address 4126 Cobble Creek Dr.			City Appleton		State WI	Zip 54913			
Vice President		Last Gretzinger	First Colny	Middle Initial J.		Date of Birth REDACTED	Male <input checked="" type="checkbox"/>	Female	
Address 2609 N. Beechwood Court			City Appleton		State WI	Zip 54911			
Secretary		Last Bell	First Greg	Middle Initial J		Date of Birth REDACTED	Male <input checked="" type="checkbox"/>	Female	
Address W4961 Cottage Lane			City Sherwood		State WI	Zip 54169			
Treasurer		Last Gretzinger	First Colny	Middle Initial		Date of Birth	Male	Female	
Address same as above/ VP			City		State	Zip			
<b>SECTION 2 – EVENT INFORMATION SECTION</b>									
Date(s) of Event: Beginning		11/ 17 / 2023		Ending: 11/ 17 / 2023		Hours 6	<del>AM</del> /PM	9	<del>AM</del> PM
Please describe the type of event you are going to have: Senior Center Dance with entertainment and refreshments.									
Do you plan to serve food at this event?		No <input checked="" type="checkbox"/>	Yes	If yes, contact the Appleton Health Department. (920.832.6429)					
Location where beer or wine will be sold or served: Fellowship Hall, St. Bernadette Center									
Address 2331 E. Lourdes Drive			City Appleton		State WI	Zip 54915			
Describe actual location and dimensions of area to be licensed below:- <b>BE PRECISE!</b>			Will minors be present?			No <input checked="" type="checkbox"/>	Yes		
Lower level of St. Bernadette Center, Fellowship Hall			If yes, how will you prevent minors from obtaining alcoholic beverages?						
<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									
<b>FOR OFFICE USE ONLY</b>									
Dept.	Approve	Deny	By	Reason					
Police									
Fire									
Health									
S&L	09/27/2023	Date Issued		Exp. Date		License Number			