



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Recd <u>MAY 17 2023</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee ..... + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17.00</u>	Receipt <u>5086-4</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) <u>ST. PIUS X CATHOLIC CHURCH</u>				Date Organized <u>1957</u>		
Address <u>500 W. MARQUETTE ST.</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>		
Person in Charge of Event:		Name: Last <u>MILES</u>	First <u>ANDREW</u>	M. I. <u>J.</u>	Date of Birth <u>REDACTED</u>	
Address <u>1427 E. KEYSTONE LANE</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54913</u>	Person in charge phone number: <u>REDACTED</u>	
President	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
Address		City	State	Zip		

**SECTION 2 – EVENT INFORMATION SECTION**

Date(s) of Event: Beginning <u>08/25/2023</u> Ending: <u>08/27/2023</u>	Hours <u>FRI 5:00 AM - 10:00 PM</u> <u>SAT 1:00 PM - 11:00 PM</u> <u>SUN 9:00 AM - 1:30 PM</u>
Please describe the type of event you are going to have: <u>FESTIVAL WITH FOOD, BEER/WINE TENT, GAMES, AND BANDS</u>	
Do you plan to serve food at this event?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, contact the Appleton Health Department. (920.832.6429)
Location where beer or wine will be sold or served: <u>BEER TENT IN PARKING LOT OF THE CHURCH</u>	
Address <u>500 W. MARQUETTE ST.</u>	
City <u>APPLETON</u>	
State <u>WI</u>	
Zip <u>54911</u>	
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!	Will minors be present? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
<u>SOUTHEAST CORNER OF EAST CHURCH PARKING LOT. LARGE EVENT TENT APPROX. SIZE OF 50 X 100 FEET</u>	If yes, how will you prevent minors from obtaining alcoholic beverages? <u>CHECKING I.D.'s</u> <u>UTILIZING WRISTBANDS</u>

**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

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L	Date Issued		Exp. Date	License Number