



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>7/1/19</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17.00</u>	Receipt <u>11382</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) Appleton Area Hockey Association				Date Organized 09/13/2019	
Address 1717 E. Witzke Blvd		City Appleton	State WI	Zip 54911	
Person in Charge of Event:		Name: Last Janssen, Sara A	First Sara	Middle Initial A	Date of Birth ●●●●●●
Address W5820 Turnberry Drive		City Menasha	State WI	Zip 54952	Person in charge phone number: ●●●●●●
President Hasbargen, Luke	Last	First	Middle Initial	Date of Birth ●●●●●●	Male <input checked="" type="checkbox"/>
Address 1315 E Wyndmere Drive		City Appleton	State WI	Zip 54913	Female <input type="checkbox"/>
Vice President Satzwedel, Andrew	Last	First	Middle Initial	Date of Birth ●●●●●●	Male <input checked="" type="checkbox"/>
Address 4525 W. Grand Meadows Drive		City Appleton	State WI	Zip 54913	Female <input type="checkbox"/>
Secretary Evers, Amy	Last	First	Middle Initial	Date of Birth ●●●●●●	Male <input type="checkbox"/>
Address 344 Windmill Drive		City Kaukauna	State WI	Zip 54130	Female <input checked="" type="checkbox"/>
Treasurer King, Craig	Last	First	Middle Initial	Date of Birth ●●●●●●	Male <input checked="" type="checkbox"/>
Address 313 W Crossing Meadows Ln		City Appleton	State WI	Zip 54913	Female <input type="checkbox"/>
<b>SECTION 2 - EVENT INFORMATION SECTION</b>					
Date(s) of Event: Beginning 09 / 13 / 19		Ending: 09 / 13 / 19		Hours 4:00 pm AM PM 10:00 PM AM PM	
Please describe the type of event you are going to have: Family Picnic					
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: Appleton Ice Lobby					
Address 1717 Eitzke Blvd		City Appleton	State WI	Zip 54911	
Are you requesting an "open concept" license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Will minors be present?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Describe actual location and dimensions of area to be licensed - Be precise! Inside the hockey rink		If yes, how will you prevent minors from obtaining alcoholic beverages? ID check and wristbands			
<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>Janssen</u> <u>6-28-19</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