



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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event
Investigation Fee + 7.00
Total Amount Paid 17

Date Rec'd 10/15/21

Acct Code: CLCSPB

Acct Code: CLCPIF

Receipt 2714-5

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 BERNARD CATHOLIC PARISH</u>				Date Organized <u>10/6/1966</u>	
Address <u>1617 W. PINE ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54914</u>	
Person in Charge of Event:		Name: Last <u>EASH</u>	First <u>MICHAEL</u>	M. I. <u>J</u>	Date of Birth <u>●●●●●●</u>
Address <u>912 E WINNEBAGO ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	Person in charge phone number: <u>●●●●●●</u>
President	Last <u>EASH</u>	First <u>MICHAEL</u>	Middle Initial <u>J</u>	Date of Birth <u>●●●●●●</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address <u>912 E WINNEBAGO ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	
Vice President	Last <u>ROSALLES</u>	First <u>ERIN</u>	Middle Initial	Date of Birth <u>●●●●●●</u>	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Address <u>1839 S. JACKSON ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54915</u>	
Secretary	Last <u>THIEL</u>	First <u>DANIEL</u>	Middle Initial <u>J</u>	Date of Birth <u>●●●●●●</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address <u>25 WEATHERSTONE DR</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54914</u>	
Treasurer	Last <u>DEGROOT</u>	First <u>RON</u>	Middle Initial	Date of Birth <u>●●●●●●</u>	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address <u>1630 S. CARVER LANE</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54911</u>	

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning	<u>11 / 13 / 21</u>	Ending:	<u>11 / 13 / 21</u>	Hours	<u>5:30 AM / PM</u>	<u>11:00 AM / PM</u>
Please describe the type of event you are going to have: <u>FAMILY GAME NIGHT</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>PARISH HALL</u>						
Address <u>1617 W. PINE ST</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54914</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>PARISH HALL, CLASSROOMS, ACTIVITY CENTER</u>			If yes, how will you prevent minors from obtaining alcoholic beverages? <u>THE BEVERAGES WILL BE DISTRIBUTED BY A LICENSED BARTENDER</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 Deamon Michael Esh

FOR OFFICE USE ONLY

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