

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 09/12/2024

Town Village City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.
at the premises described below during a special event beginning 10/18/2024 and ending 10/18/2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. **Organization** (check appropriate box) → Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Thompson Center on Lourdes

(b) Address 2331 E. Lourdes Dr., Appleton, WI 54915

(Street)

Town Village City

(c) Date organized 09/13/2016

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Aoibh Greene, 4126 Cobble Creek Dr., Appleton, WI 54913

Vice President Colny Gretzinger, 2609 Beechwood Ct., Appleton, WI 54911

Secretary _____

Treasurer Colny Gretzinger, 2609 Beechwood Ct., Appleton, WI 54911

(g) Name and address of manager or person in charge of affair: Dawn M. Gohlke

(g)1. Date of Birth: _____

(g)2. Drivers License #: _____

(g)3. Email: _____

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 2331 E. Lourdes Dr.

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Part

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: TCoL Leased Space including the Fellowship Hall in the basement where the event will be held.

3. Name of Event

(a) List name of the event Haunted Halloween Dance

(b) Dates of event 10/18/2024

(c) Time(s) of event 5-7 pm

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer _____


(Signature / Date)

Thompson Center on Lourdes

(Name of Organization)

Date Filed with Clerk _____

Date Reported to Committee _____

Date Granted _____

License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____