



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

| | | |
|---------------------------------|--|--------------------------|
| FEES ARE NON-REFUNDABLE | | Date Rec'd <u>9/6/17</u> |
| License Fee - \$10.00 per event | | Acct. 11030.4322 |
| Investigation Fee + 7.00 | | Acct. 100.2359 |
| Total Amount Paid <u>67.00</u> | | Receipt |

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

| | | | | | |
|--|-------------------------------------|---|---|-------------------------|--|
| The named organization applies for: | | | | | |
| <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) | | | | | |
| 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) | | | | | Date Organized |
| <u>Thompson Center on Lourdes in St. Bernadette</u> | | | | | |
| Address | | City | State | Zip | |
| <u>2331 E. Lourdes Dr.</u> | | <u>Appleton</u> | <u>WI</u> | <u>54915</u> | |
| Person in Charge of Event: | | Name: Last | First | Middle Initial | Date of Birth |
| | | <u>Peterson</u> | <u>Marilyn</u> | <u>J.</u> | <u>[REDACTED]</u> |
| Address | | City | State | Zip | Person in charge phone number |
| <u>2627 W. Parkmoor Ct.</u> | | <u>Appleton</u> | <u>WI</u> | <u>54914</u> | <u>900 [REDACTED]</u> |
| President | Last | First | Middle Initial | Date of Birth | Male Female |
| | <u>Zuelke</u> | <u>Ray</u> | <u>V.</u> | <u>[REDACTED]</u> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Address | | City | State | Zip | |
| <u>138 Ombre Rose Dr.</u> | | <u>Combined Locks</u> | <u>WI</u> | <u>54113</u> | |
| Vice President | Last | First | Middle Initial | Date of Birth | Male Female |
| | <u>Bell</u> | <u>Greg</u> | <u>J.</u> | <u>[REDACTED]</u> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Address | | City | State | Zip | |
| <u>53 Diane Ln.</u> | | <u>Appleton</u> | <u>WI</u> | <u>54915</u> | |
| Secretary | Last | First | Middle Initial | Date of Birth | Male Female |
| | <u>Anger</u> | <u>Jenny</u> | <u>L.</u> | <u>[REDACTED]</u> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Address | | City | State | Zip | |
| <u>2000 S. Maplecrest Dr. Apt 5</u> | | <u>Appleton</u> | <u>WI</u> | <u>54915</u> | |
| Treasurer | Last | First | Middle Initial | Date of Birth | Male Female |
| | <u>Greene</u> | <u>Aoibh</u> | <u>P.</u> | <u>[REDACTED]</u> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Address | | City | State | Zip | |
| <u>549 N. Summit St.</u> | | <u>Appleton</u> | <u>WI</u> | <u>54914</u> | |
| SECTION 2 - EVENT INFORMATION SECTION | | | | | |
| Date(s) of Event: Beginning | | Ending | Hours | AM PM | |
| <u>9/15/17</u> | | <u>9/15/17</u> | <u>7:00</u> | <u>AM PM 9:30 AM PM</u> | |
| Please describe the type of event you are going to have: <u>9/15/17 Dance, 10/13/17 Daddy D Show, 4/20/18 Dance, 5/18/18 Dance, 8/21/18 Corn Roast, 10/12/18 Daddy D Show</u> | | | | | |
| Do you plan to serve food at this event? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact the Appleton Health Department. (920.832.6429) | | | | | |
| Location where beer or wine will be sold: | | | | | |
| <u>St. Bernadette's School Lunch Room</u> | | | | | |
| Address | | City | State | Zip | |
| <u>2331 E. Lourdes Dr.</u> | | <u>Appleton</u> | <u>WI</u> | <u>54915</u> | |
| Are you requesting an "open concept" license? | | Will minors be present? | | No Yes | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Describe actual location and dimensions of area to be licensed - Be precise! | | | If yes, how will you prevent minors from obtaining alcoholic beverages? | | |
| <u>lunch room in the basement of the school</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 <u>Marilyn J. Peterson</u> | | | | | |
| FOR OFFICE USE ONLY | | | | | |
| Dept. | Approve | Deny | By | Reason | |
| Police | | | | | |
| Fire | <input checked="" type="checkbox"/> | | <u>Patterson</u> | | |
| 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