



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/8/22</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee _____ + 7.00	Acct Code: CLCIF
Total Amount Paid <u>17</u>	Receipt <u>3702-5</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)					
<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 checked="" type="checkbox"/> 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 		Person in charge phone number: 	
Address <u>1427 E. KEYSTONE LANE</u>		City <u>APPLETON</u>	State <u>WI</u>	Zip <u>54913</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>08/26/2022</u> Ending: <u>08/28/2022</u>		Hours	AM / PM	AM / PM	
Please describe the type of event you are going to have: <u>CHURCH PICNIC w/ FOOD, BEER TENT, GAMES, AND MUSIC</u>			<u>FRI: 3-10 PM / SAT: 1-11 PM / SUN: 10:30 AM - 1:30 PM</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 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>LARGE TENT IN PARKING LOT</u>			If yes, how will you prevent minors from obtaining alcoholic beverages? <u>WRISTBANDS WILL BE USED</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 <u>07/27/22</u>	Date Issued		Exp. Date	License Number	