

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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee +7
Total Amount Paid ______

+ 7.00

Acct Code: CLCSPB
Acct Code: CLCPIF
Receipt 3314-1

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) Date Organized Harbor House Domestic Abuse Programs Address Zip 54914 City State 720 West Fifth Stree Appletoh WI Name: Last First M. I. Date of Birth Person in Charge of Event: Davis Kimberly Person in charge phone number: Address City State Zip W1684 Alp Avenue Fremont 54940 WI Last Middle Initial President First Pate of Birth Male Femal City Zip 54913 Address State Vice President Last First Middle Initial Date of Birth Male Femal Address City State Zip Middle Initial Date of Birth Male Secretary Last First Femal City State Address Zip 54913 Date of Birth Middle Initial Male Treasurer Last First Femal City State Zip 54913 Address **SECTION 2 – EVENT INFORMATION SECTION** Date(s) of Event: Beginning Ending: 04 AM / PM Hours AM / PM 10:00AM Please describe the type of event you are going to have Amazing Race style fundraiser. Teams complete challenges at 10 locations throughout Outagamie & Calumet counties. Event concludes at AMP with Thank You celebration for participants, volunteers, sponsors & Harbor House supporters. We will have music on the stage, a food truck and sell beer during the event Do you plan to serve food at this event? No If yes, contact the Appleton Health Department. (920.832.6429) Location where beer or wine will be sold or served: Food Prep Area of the Appleton Memorial Park Pavilion Address City State Zip 1620 East Witzke Boulevard Appleton WI 54911 Describe actual location and dimensions of area Will minors be present? Yes No to be licensed below:- BE PRECISE! If yes, how will you prevent minors from obtaining alcoholic Appleton Memorial Park Pavilion, Food Prep Area, Stage, paved area around pavilion & stage, 25ft. from paved area around pavilion & stage (see attached I.D. checks and wristbands for those 21 years and older **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 Exp. Date License Number





