



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>6/15/21</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>7.00</u>	Acct Code: CLCPIF
Total Amount Paid <u>10</u>	Receipt <u>2248-6</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\*

<b>The named organization applies for: (Please check one or both)</b>								
<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)								
<b>SECTION 1 - ORGANIZATION INFORMATION - Answer all questions completely. Please PRINT clearly</b>								
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) <u>Sculpture Valley</u>						Date Organized <u>6/15/11</u>		
Address <u>110 S. Durkee St</u>				City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	
Person in Charge of Event:			Name: Last <u>Willems</u>		First <u>Dave</u>	M. I. <u>G</u>	Date of Birth <u>[REDACTED]</u>	
Address <u>59 Meadow Dr.</u>			City <u>Appleton</u>		State <u>WI</u>	Zip <u>54915</u>	Person in charge phone number: <u>[REDACTED]</u>	
President		Last <u>Gates</u>	First <u>Allison</u>	Middle Initial		Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>	Femal <input type="checkbox"/>
Address <u>4819 N. Fuji Dr.</u>				City <u>Appleton</u>		State <u>WI</u>	Zip <u>54911</u>	
Vice President		Last <u>VACANT</u>	First	Middle Initial		Date of Birth	Male	Femal
Address				City		State	Zip	
Secretary		Last <u>Knake</u>	First <u>Kyle</u>	Middle Initial <u>A.</u>		Date of Birth <u>[REDACTED]</u>	Male <input checked="" type="checkbox"/>	Femal <input type="checkbox"/>
Address <u>E1750 King Rd</u>				City <u>Waupaca</u>		State <u>WI</u>	Zip <u>54981</u>	
Treasurer		Last <u>VACANT</u>	First	Middle Initial		Date of Birth	Male	Femal
Address				City		State	Zip	
<b>SECTION 2 - EVENT INFORMATION SECTION</b>								
Date(s) of Event: Beginning <u>08/05/21</u> Ending: <u>08/08/21</u> Hours <u>11</u>						10:00		
						<input checked="" type="radio"/> AM / <input type="radio"/> PM <input checked="" type="radio"/> AM / <input type="radio"/> PM		
Please describe the type of event you are going to have: <u>Free music festival open to the general public</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>Houdini Plaza</u>								
Address <u>100 W. Lawrence 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:- <b>BE PRECISE!</b>				Will minors be present?		No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	
<u>Bev. set-up in Park area next to dumpsters on East side of park</u>				If yes, how will you prevent minors from obtaining alcoholic beverages? <u>F.P. Required on site wristband needed to purchase tickets</u>				
<b>SECTION 3 - PENALTY SECTION</b>								
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>[Signature]</u>								
<b>FOR OFFICE USE ONLY</b>								
Dept.	Approve	Deny	By	Reason				
Police								
Fire								
Health								
Inspection								
S&L		Date Issued		Exp. Date		License Number		