



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>8/25/17</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee + 7.00	Acct. 100.2359
Total Amount Paid <u>17.00</u>	Receipt <u>4731481</u>

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>St. Joseph Congregation</u>						<u>1867</u>	
Address		City		State		Zip	
<u>404 W. Lawrence St.</u>		<u>Appleton</u>		<u>WZ</u>		<u>54911</u>	
Person in Charge of Event:		Name: Last		First		Middle Initial	
<u>Event Chair</u>		<u>Bierstaker</u>		<u>Mike</u>		<u>G</u>	
Address		City		State		Zip	
<u>1715 S. Hillcrest Dr.</u>		<u>Appleton</u>		<u>WZ</u>		<u>54914</u>	
Person in charge phone number:		[REDACTED]					
President		Last		First		Middle Initial	
<u>Pastor</u>		<u>Leary</u>		<u>James</u>		<u>P</u>	
Date of Birth		Male		Female			
[REDACTED]		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Address		City		State		Zip	
<u>404 W. Lawrence St.</u>		<u>Appleton</u>		<u>WZ</u>		<u>54911</u>	
Vice President		Last		First		Middle Initial	
<u>Trustee</u>		<u>Branson</u>		<u>Patrick</u>		<u>E.</u>	
Date of Birth		Male		Female			
[REDACTED]		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Address		City		State		Zip	
<u>3700 N. Shawnee Ave.</u>		<u>Appleton</u>		<u>WZ</u>		<u>54914</u>	
Secretary		Last		First		Middle Initial	
<u>Trustee</u>		<u>Wilz</u>		<u>Jane</u>		<u>A.</u>	
Date of Birth		Male		Female			
[REDACTED]		<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Address		City		State		Zip	
<u>9 Meadowbrook Ln.</u>		<u>Appleton</u>		<u>WZ</u>		<u>54914</u>	
Treasurer		Last		First		Middle Initial	
Date of Birth		Male		Female			
[REDACTED]		<input type="checkbox"/>		<input type="checkbox"/>			
Address		City		State		Zip	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
SECTION 2 – EVENT INFORMATION SECTION							
Date(s) of Event: Beginning		<u>9/16/2017</u>		Ending:		<u>9/16/2017</u>	
Hours		<u>4</u>		AM (PM)		AM (PM)	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Please describe the type of event you are going to have:							
<u>Fall Festival Parish Fundraiser</u>							
Do you plan to serve food at this event?		No		Yes		If yes, contact the Appleton Health Department. (920.832.6429)	
[REDACTED]		<input type="checkbox"/>		<input checked="" type="checkbox"/>		[REDACTED]	
Location where beer or wine will be sold:							
<u>St. Joseph Parish</u>							
Address		City		State		Zip	
<u>404 W. Lawrence St.</u>		<u>Appleton</u>		<u>WZ</u>		<u>54911</u>	
Are you requesting an "open concept" license?		No		Yes		Will minors be present?	
[REDACTED]		<input type="checkbox"/>		<input type="checkbox"/>		No	
[REDACTED]		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Describe actual location and dimensions of area to be licensed – Be precise!				If yes, how will you prevent minors from obtaining alcoholic beverages?			
<u>West Parking Lot</u>				<u>Checking ID's</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>[Signature]</u>					
FOR OFFICE USE ONLY							
Dept.	Approve	Deny	By	Reason			
Police							
Fire							
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