



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>8/11/17</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee <u>7.00</u>	Acct. 100.2359
Total Amount Paid <u>117</u>	Receipt _____

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

The named organization applies for:						
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 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) Ice Dog Booster Club, Inc					Date Organized 01/01/2002	
Address P.O. Box 1941			City Appleton		State WI	Zip 54911
Person in Charge of Event:			Name: Last Laird	First Nick	Middle Initial B.	Date of Birth
Address 2314 N Appleton Street			City Appleton	State WI	Zip 54911	Person in charge phone number:
President	Last Sims	First Erin	Middle Initial		Date of Birth 	Male X
Address 809 Coolidge Ave			City Little Chute	State WI	Zip 54140	
Vice President	Last Laird	First Nicholas	Middle Initial		Date of Birth 	Male X
Address 2314 N. Appleton St			City Appleton	State WI	Zip 54911	
Secretary	Last	First	Middle Initial		Date of Birth	Male
Address			City	State	Zip	
Treasurer	Last	First	Middle Initial		Date of Birth	Male
Address			City	State	Zip	
SECTION 2 – EVENT INFORMATION SECTION						
Date(s) of Event: Beginning 09 / 16 / 2017 Ending: 03 / 16 / 2018 Hours 7:00pm AM PM 10:00pm AM PM						
Please describe the type of event you are going to have: Amateur Hockey Event- Fox Cities Ice Dogs play within the Great Lakes Hockey League.						
Do you plan to serve food at this event? *No Yes If yes, contact the Appleton Health Department. (920.832.6429)						
Location where beer or wine will be sold: South End of the Appleton Family Ice Center (AFIC),						
Address 1717 E. Witzke Boulevard			City Appleton		State WI	Zip 54911
Are you requesting an "open concept" license? *No Yes			Will minors be present? No *Yes			
Describe actual location and dimensions of area to be licensed -- Be precise! Section includes Beer Garden, Sitting & Standing, Est40x30sqft			If yes, how will you prevent minors from obtaining alcoholic beverages? ID checkpoint, Wristbands			
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	Council	Date Issued		Exp. Date	License Number	