



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

FEES ARE NON-REFUNDABLE	Date Rec'd <u>6/13/18</u>
License Fee - \$10.00 per event	Acct. 11030.4322
Investigation Fee	Acct. 100.2359
Total Amount Paid <u>17.00</u> + 7.00	Receipt <u>4856824</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>Doutagamie County Historical Society Inc.</u>					<u>1872</u>	
Address		City	State	Zip		
<u>330 E. College Ave.</u>		<u>Appleton</u>	<u>WI</u>	<u>54911</u>		
Person in Charge of Event:		Name: Last	First	Middle Initial	Phone Number	
		<u>Cebulski</u>	<u>Brad</u>	<u>D.</u>		
Address		City	State	Zip	Person in charge phone number:	
<u>919 W. Lindbergh St.</u>		<u>Appleton</u>	<u>WI</u>	<u>54914</u>		
President	Last	First	Middle Initial	Date of Birth	Male	Female
	<u>Whalen</u>	<u>Ann</u>			<input checked="" type="checkbox"/>	
Address		City	State	Zip		
<u>1128 E. Grant St.</u>		<u>Appleton</u>	<u>WI</u>	<u>54911</u>		
Vice President	Last	First	Middle Initial	Date of Birth	Male	Female
	<u>Hearing</u>	<u>Chris</u>			<input checked="" type="checkbox"/>	
Address		City	State	Zip		
<u>Skarie</u>		<u>Adam</u>				
Secretary	Last	First	Middle Initial	Date of Birth	Male	Female
	<u>Skarie</u>	<u>Adam</u>			<input checked="" type="checkbox"/>	
Address		City	State	Zip		
Treasurer	Last	First	Middle Initial	Date of Birth	Male	Female
	<u>Nimtz</u>	<u>David</u>			<input checked="" type="checkbox"/>	
Address		City	State	Zip		
SECTION 2 - EVENT INFORMATION SECTION						
Date(s) of Event: Beginning		Ending:		Hours		
<u>8/2/18</u>		<u>8/4/18</u>		<u>1:00 AM</u> <input checked="" type="checkbox"/> <u>PM</u>	<u>11:00 AM</u> <input checked="" type="checkbox"/> <u>PM</u>	
Please describe the type of event you are going to have:						
<u>Music venue for Mile of Music Stage</u>						
Do you plan to serve food at this event?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, contact the Appleton Health Department. (920.832.6429)		
Location where beer or wine will be sold:						
<u>Parking lot adjacent to History Museum</u>						
Address		City	State	Zip		
<u>320 326 330 E. College Ave.</u>		<u>Appleton</u>	<u>WI</u>	<u>54911</u>		
Are you requesting an "open concept" license?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Will minors be present?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Describe actual location and dimensions of area to be licensed - Be precise.			If yes, how will you prevent minors from obtaining alcoholic beverages?			
<u>10,303 sq. feet of paved parking off alley on Lawrence U. & History Museum property.</u>			<u>check ids fenced area</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>Matthew J. Casper</u> executive director				
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