



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>9/5/17</u>
License Fee - \$10.00 per event		Acct. 11030.4322
Investigation Fee	+ 7.00	Acct. 100.2359
Total Amount Paid <u>17.</u>		Receipt <u>4733399</u>

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

<b>The named organization applies for:</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 permits 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) St Thomas More Congregation						Date Organized 09/01/1963	
Address 1810 N McDonald St				City Appleton		State WI	Zip 54911
Person in Charge of Event:		Name: Last Simon		First Curt	Middle Initial J	Date of Birth 	
Address 3116 E Greenleaf Dr			City Appleton		State WI	Zip 54913	Person in charge-phone number: 
President Last Lucas		First Rev. James		Middle Initial W	Date of Birth 	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
Address 2001 N McDonald St				City Appleton		State WI	Zip 54911
Vice President Last		First		Middle Initial	Date of Birth	Male	Female
Address				City		State	Zip
Secretary Last		First		Middle Initial	Date of Birth	Male	Female
Address				City		State	Zip
Treasurer Last		First		Middle Initial	Date of Birth	Male	Female
Address				City		State	Zip
<b>SECTION 2 – EVENT INFORMATION SECTION</b>							
Date(s) of Event: Beginning 10 / 10 / 2017 Ending: 10 / 10 / 2017 Hours 4:00 AM PM 9:00 AM PM							
Please describe the type of event you are going to have: "Whose Spaghetti is it Anyway" - spaghetti dinner with comedy entertainment to follow							
Do you plan to serve food at this event?		<input checked="" type="checkbox"/> Yes	If yes, contact the Appleton Health Department. (920.832.6429)				
Location where beer or wine will be sold: Xavier High School Building							
Address 1600 W Prospect Ave				City Appleton		State WI	Zip 54911
Are you requesting an "open concept" license?		No	<input checked="" type="checkbox"/> Yes	Will minors be present?			<input checked="" type="checkbox"/> Yes
Describe actual location and dimensions of area to be licensed – Be precise! Cafeteria of Xavier Catholic High School				If yes, how will you prevent minors from obtaining alcoholic beverages? The beverage area will be supervised at all times by an adult & ID will be checked.			
<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					PASTOR		
<b>FOR OFFICE USE ONLY</b>							
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