



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>10/7/21</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>17</u> + 7.00	Acct Code: CLCPIF
Total Amount Paid <u>17</u>	Receipt <u>2687-2</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 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)				Date Organized	
Appleton Downtown Inc.				4-2-1993	
Address		City	State	Zip	
333 W. College Ave. Suite 100		Appleton	WI	54911	
Person in Charge of Event:		Name: Last	First	M.I.	Date of Birth
		Stephany	Jennifer	L.	██████████
Address		City	State	Zip	Person in charge phone number
3209 S. White Birch Lane		Appleton	WI	54915	██████████
President	Last	First	Middle Initial	Date of Birth	Male
	Vanopsko	Laura	E	██████████	<input checked="" type="checkbox"/>
Address		City	State	Zip	
4321 N Ballard Rd		Appleton	WI	54919	
Vice President	Last	First	Middle Initial	Date of Birth	Male
	King	Lyssa	M	██████████	<input checked="" type="checkbox"/>
Address		City	State	Zip	
211 W College Ave.		Appleton	WI	54911	
Secretary	Last	First	Middle Initial	Date of Birth	Male
	Klister	TOM	J	██████████	<input checked="" type="checkbox"/>
Address		City	State	Zip	
274 River Dr		Appleton	WI	██████████	
Treasurer	Last	First	Middle Initial	Date of Birth	Male
	Lonsway	Steve	T	██████████	<input checked="" type="checkbox"/>
Address		City	State	Zip	
1004 S Olde Orinda St		Appleton	WI	54911	
<b>SECTION 2 - EVENT INFORMATION SECTION</b>					
Date(s) of Event: Beginning		Ending:		Hours	
11/6/21		11/6/21		9:30 (AM) / PM	12:00AM (PM)
Please describe the type of event you are going to have:					
10K run/walk Finish line beverages and food for runners					
Do you plan to serve food at this event?		No	Yes	If yes, contact the Appleton Health Department. (920.832.6429)	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Catered box Lunch	
Location where beer or wine will be sold or served:					
Jones Park Parking lot					
Address		City	State	Zip	
301 W Lawrence St.		Appleton	WI	54911	
Describe actual location and dimensions of area to be licensed below: - BE PRECISE!			Will minors be present?		No
Parking lot Tent and Park					<input checked="" type="checkbox"/>
			If yes, how will you prevent minors from obtaining alcoholic beverages?		
			underage runners have indication on bibs.		
<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					
<b>FOR OFFICE USE ONLY</b>					
Dept.	Approve	Deny	By	Reason	
Police					
Fire					
Health					
Inspection					
S&L	10/13/2021	Date Issued	Exp. Date	License Number	