

# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Application Date: 12-15-24

☐ Town ☐ Village ☒ City of Appleton

County of Outagamie

The named organization applies for: (check appropriate box(es).)

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 5-3-25 and ending 5-3-25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

## 1. Organization (check appropriate box) →

☐ Bona fide Club

☒ Church

☐ Lodge/Society

☐ Veteran's Organization

☐ Fair Association or Agricultural Society

☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Sacred Heart Church

(b) Address 222 E. Fremont St. Appleton, Wi. 54915

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 1898

(d) If corporation, give date of incorporation

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☒

(f) Names and addresses of all officers:

President

Vice President

Secretary NA

Treasurer

(g) Name and address of manager or person in charge of affair: Dave Erickson 1606 Dahlia Dr. Appleton, Wi. 54915

(g)1. Date of Birth.

(g)2. Drivers License

(g)3. Email

Phone

## 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 222 E. Fremont St. Appleton, Wi. 54915

(b) Lot Block

(c) Do premises occupy all or part of building? Yes - All

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

## 3. Name of Event

(a) List name of the event Cinco Celebration

(b) Dates of event 5-3-25

(c) Time(s) of event 4:30 - 7:30 pm

## DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

David J. [Signature] 12-15-24

(Signature / Date)

Sacred Heart Church

(Name of Organization)

Date Filed with Clerk DEC 17 2024

Date Granted

Date Reported to Committee

License No.

COA Dept. Approval: Police Fire Health