



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

**FEES ARE NON-REFUNDABLE**

License Fee - \$10.00 per event  
Investigation Fee + 7.00  
Total Amount Paid 10

Date Rec'd 5 / 27 / 21

Acct Code: CLCSPB  
Acct Code: CLCPIF  
Receipt 2168-6

**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\*

**The named organization applies for: (Please check one or both)**

- 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 licenses 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) United Sports Assoc. for Youth Date Organized 3-8-1994

Address 3300 E. Evergreen Dr City Appled State WI Zip 54913

Person in Charge of Event: Name: Last Schonne First Doris M. I.  Date of Birth

Address W6363 Song Dr City Menasha State WI Zip 54952 Person in charge phone number:

President Last Theilie First Lick Middle Initial  Date of Birth  Male  Female

Address 371 W. Florida Ave City Appled State WI Zip 54911

Vice President Last Schonne First Doris Middle Initial  Date of Birth  Male  Female

Address W6363 Song Dr City Menasha State WI Zip 54952

Secretary Last  First  Middle Initial  Date of Birth  Male  Female

Address  City  State  Zip

Treasurer Last Wood First JAN Middle Initial  Date of Birth  Male  Female

Address 610 Harrow Ln City Appled State WI Zip 54915

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 6 / 10 / 21 Ending: 6 / 11 / 21 Hours 2:00 AM /  11:00 AM /

Please describe the type of event you are going to have: Beer Garden

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 or served: Concord Sports

Address 3300 E. Evergreen Dr City Appled State WI Zip 54913

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! Noak Ping lot 40x40

Will minors be present?  No  Yes

If yes, how will you prevent minors from obtaining alcoholic beverages?

**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 [Signature]

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L		Date Issued	Exp. Date	License Number

changed date