



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>8/8/18</u>
License Fee - \$10.00 per event		Acct. 11030.4322
Investigation Fee	7.00	Acct. 100.2359
Total Amount Paid	<u>47.00</u>	Receipt <u>487556a</u>

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

**The named organization applies for:**

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 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) Thompson Center on Lourdes St. Bernadette Date Organized \_\_\_\_\_

Address 2331 E. Lourdes Dr. City Appleton State WI Zip 54915

Person in Charge of Event:  Peterson, Marilyn J. Name: Last First Middle Initial Date of Birth \_\_\_\_\_

Address 2627 W. Park Moor Ct City Appleton State WI Zip 54914 Person in charge phone number: \_\_\_\_\_

President Zuelke Ray Last First Middle Initial V. [redacted] Male  Female

Address 138 Ombre Rose Dr City Combined Locks State WI Zip 54113

Vice President Bell Greg Last First Middle Initial J. [redacted] Male  Female

Address 53 Diane Ln City Appleton State WI Zip 54915

Secretary Anger Jenny Last First Middle Initial L. [redacted] Male  Female

Address 2000 S. Maple Crest Dr City Appleton State WI Zip 54915

Treasurer Greene Aoi bh Last First Middle Initial P [redacted] Male  Female

Address 549 N. Summit St. City Appleton State WI Zip 54914

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 4/5/19 Ending: / / Hours \_\_\_\_\_ AM PM \_\_\_\_\_ AM PM

Please describe the type of event you are going to have: 4-5-19 Dance (No Food), 5-10-19 Dance (No Food) 7pm-11:30pm, 8-20-19 Corn Roast (Yes Food), 10-11-19 Music/Comedy Show (No Food)

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: St. Bernadette Center Cafeteria

Address 2331 E. Lourdes Dr. City Appleton State WI Zip 54915

Are you requesting an "open concept" license?  No  Yes Will minors be present?  No  Yes

Describe actual location and dimensions of area to be licensed - Be precise! 83' x 60' 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 Marilyn J. Peterson

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				

S&L \_\_\_\_\_ Council \_\_\_\_\_ Date Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_ License Number \_\_\_\_\_