



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

**FEES ARE NON-REFUNDABLE**

Date Rec'd 4/18/19

License Fee - \$10.00 per event

Acct. 11030.4322

Investigation Fee + 7.00

Acct. 100.2359

Total Amount Paid 17

Receipt 8333

**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) St Pius X Catholic Church Date Organized 5/1/93

Address 500 W Marquette St City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Schmidt First Toni Middle Initial F Date of Birth

Address 11719 Shadybrook Ln City Greenville State WI Zip 54942 Person in charge phone number: \_\_\_\_\_

President Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

Date(s) of Event: Beginning 5/31/19 Ending: 6/2/19 Hours 10:00 AM PM 10:45 AM PM

Please describe the type of event you are going to have: Parish Picnic

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: Tent in North Parking Lot

Address 500 W Marquette St City Appleton State WI Zip 54911

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! North Parking Lot of Church If yes, how will you prevent minors from obtaining alcoholic beverages? Wrist bands

**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