



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <b>3/1/19</b>
License Fee - \$10.00 per event	Investigation Fee	Acct. 11030.4322
	Total Amount Paid <b>137 + 7.00</b>	Acct. 100.2359
		Receipt <b>533D</b>

\* Concerts \*  
2-28-19  
CK# 17207

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 (Boys' Life club, lodge or society, veteran's organization or fair association) **Appleton Downtown Inv.** Date Organized **4.2.93**

Address **333 W. College Ave., Ste. 100** City **Appleton** State **Wi** Zip **54911**

Person in Charge of Event: Name: Last **Stephan** First **Jennifer** Middle Initial **L** State of Birth **WI**

Address **333 W. College, Ste. 100** City **Appleton** State **WI** Zip **54911**

President Last **Peterson** First **John** Middle Initial **O.** Male  Female

Address **200 E. College Ave.** City **Appleton** State **Wi** Zip **54911**

Vice President Last **Johnson** First **Deb** Middle Initial **A.** Male  Female

Address **300 W. College Ave.** City **Appleton** State **Wi** Zip **54911**

Secretary Last **Haage** First **Lynn** Middle Initial **S.** Male  Female

Address **101 E. Water St.** City **Appleton** State **Wi** Zip **54911**

Treasurer Last **Vargaska** First **Laura** Middle Initial **E.** Male  Female

Address **200 E. Washington St.** City **Appleton** State **Wi** Zip **54911**

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning **5/30/19** Ending: **8/29/19** Hours **5:30 AM**  **9:30 AM**  (13 wks)

Please describe the type of event you are going to have:  
**Summer music concert series**

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:  
**Honolulu Plaza**

Address **Appleton & College** 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! **Full use of park area** If yes, how will you prevent minors from obtaining alcoholic beverages? **wristband required w/ I.D. tickets with licensed bartenders.**

**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 penalty of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Signature of Officer *Jennifer Stephan*

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire	<b>3-5</b>		<b>Patterson</b>	
Health				
Inspection	<b>3-5</b>		<b>Meissner</b>	
S&L				

11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.  
Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799

\* Note: No concert on July 4.