

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: 6-24-24
County of Outagamie

Town Village City of Appleton

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 10-19-24 and ending 10-19-24 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 Parish

(b) Address 222 E. Fremont St Appleton, WI, 54915
(Street) Town Village City

(c) Date organized 1898

(d) If corporation, give date of incorporation NA

(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 NA

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: Dave Erickson 6060 Dahlia Dr. Appleton, WI.

(g)1. Date of Birth: _____ Drivers License # _____ J. Email _____ a. _____

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

(b) Lot ~~_____~~ Cafeteria Block _____

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

(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: Cafeteria in basement 400' x 200'

3. Name of Event

(a) List name of the event Chili Dinner

(b) Dates of event 10-19-24

(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 Erickson 6-24-24
(Signature / Date)

Sacred Heart Parish
(Name of Organization)

Date Filed with Clerk _____
Date Granted _____

Date Reported to Committee _____
License No. _____

COA Dept. Approval: Police _____ Fire _____ Health _____