Alcohol License Premises Amendment Request Form CASH OR CHECK ONLY!



Please allow 4 weeks for application processing

FEES ARE NON-REFUNDABLE					
/	Date Recv'd 7, 25, 24				
License Fee - \$10,00/event	Total \$				
(CLCAGP)	Receipt #: 7177-4				

CECTION 1 FCTABLE	CUMENT IN		ATION	34+		HIEL .		
SECTION 1 - ESTABLISHMENT INFORMATION Name of Establishment Establishment Phone Number								
Name of Establishment								
Fox Cities Performing Arts Center 920-730-3782 Address of Establishment								
400 W. College Ave, Appleton, WI 54911								
Agent Name Agent Phone Number (Required)								
Maria Van Lanen SECTION 2 – PREMISES AMENDMENT - A drawing/diagram of the proposed area must be submitted with this application								
Is this Premises Amendment Permanent? YES NO								
Please describe the change in premises: We will be using our loading dock and								
Staff parking lot area to host our Annual Partner Cookout, a								
yearly stewardship event to engage with our donors.								
yeary stewardship even to sorging court on donors.								
If temporary, please specify the reason for the amendment: We are hosting an outdoor cookout								
event!								
XXXV V								
If temporary, please list the date(s) and time(s) that this premises amendment will be utilized: Wednesday, Hugust 21st								
If temporary, please list	the date(s) ar	nd time(s)	that this premises amen	dment will be utilized: 👤	Neanesaay, t	tugust dist		
3:00pm - 9:00					J	<i>J</i> .		
	P							
SECTION 3 - PENALT	Y NOTICE							
_			the Municipal Code of th		gree that any licens	e granted under this		
application may be susp	ended for ca	use at an	y time by the Common Co	ouncil.				
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.								
Signature of Applicant: Date: 7 / 23 / 2024								
FOR OFFICE USE ONLY								
Department	Approve	Deny	Staff Member	Reason				
Police								
Fire								
Health								
Community Development								
Inspections								
Finance						A STATE OF THE STA		
Public Works								
Safety and Licensing Date:			Recommendation:	Common Council Date: Recommendation:				
Date sent for Review	Date Approve	d	Date Issued	Expiration Date	License Number			

