



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

| | | |
|----------------------------------|--|---------------------------|
| FEES ARE NON-REFUNDABLE | | Date Rec'd <u>9/19/18</u> |
| License Fee - \$10.00 per event | | Acct. 11030.4322 |
| Investigation Fee + 7.00 | | Acct. 100.2359 |
| Total Amount Paid <u>\$17.00</u> | | Receipt <u>4888148</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) | | | | Date Organized | |
| <u>Littest Tumor Foundation</u> | | | | <u>2010</u> | |
| Address <u>PO Box 7051</u> | | City <u>Appleton</u> | State <u>WI</u> | Zip <u>54912</u> | |
| Person in Charge of Event: | | Name: Last <u>Wirtanen</u> First <u>Tracy</u> Middle Initial <u>M</u> | Date of Birth | | |
| Address <u>140 N. Jefferson Rd</u> | | City <u>S. Burlington</u> | State <u>VT</u> | Zip <u>05403</u> | Person in charge phone number: |
| President | Last <u>Myers</u> | First <u>Steve</u> | Middle Initial | Date of Birth | Male <input checked="" type="checkbox"/> Female |
| Address <u>4200 Windcross Drive</u> | | City <u>Appleton</u> | State <u>WI</u> | Zip <u>54913</u> | |
| 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 | |

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 11 / 30 / 18 Ending: 12 / 1 / 18 Hours 7:30 AM (PM) 10:30 AM (PM)

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

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: Copper Rock Coffee House - Party Room

Address 210 W College Ave 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! Party Room Copper Rock If yes, how will you prevent minors from obtaining alcoholic beverages? card for age

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 Wirtanen

FOR OFFICE USE ONLY

| Dept. | Approve | Deny | By | Reason |
|------------|---------|-------------|-----------|----------------|
| Police | | | | |
| Fire | | | | |
| Health | | | | |
| Inspection | | | | |
| S&L | Council | Date Issued | Exp. Date | License Number |