



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

<b>FEES ARE NON-REFUNDABLE</b>		Date Rec'd <u>5/16/19</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>9536</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) Wisconsin Heat Date Organized 8/14/2015

Address 313 S Joseph St City Appleton State WI Zip 54915

Person in Charge of Event: Name: Last Mueske First Eric Middle Initial J Date of Birth ●/●/●●

Address 313 S Joseph St City Appleton State WI Zip 54915 Person in charge phone number: ●●●●●●●●

President Last Mueske First Eric Middle Initial J Date of Birth ●●●● Male  Female

Address 313 S Joseph St City Appleton State WI Zip 54915

Vice President Last Mueske First Michelle Middle Initial K 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 08 /02 /2019 Ending: 08 /04 /2019 Hours 8 AM PM 11 AM PM

Please describe the type of event you are going to have:  
Youth Girls Fastpitch Tournament

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:  
Under a tent by the main concession stand at Appleton Memorial Park

Address 1620 E Witke Blvd 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!  
We will be checking IDs and giving wristbands

**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

**FOR OFFICE USE ONLY**

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