



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

<b>FEES ARE NON-REFUNDABLE</b>	Date Rec'd <u>3/23/23</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee <u>+ 7.00</u>	Acct Code: CLCPIF
Total Amount Paid <u>10-</u>	Receipt <u>48D3-5</u>

**Application for Temporary Class "B" Beer or "Class B" Wine License**

\*Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing\*

The named organization applies for: (Please check one or both)

- 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 licenses 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) IRISH FEST OF THE FOX CITIES Date Organized 1-1-2020

Address 201 S. WALNUT ST City APPLETON State WI Zip 54911

Person in Charge of Event: Name: Last MILLER First MATTHEW M. I. F Date of Birth REDACTED

Address 201 S. WALNUT ST City APPLETON State WI Zip 54911 Person in charge phone number: REDACTED

President Last HOGERTY First JOHN Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female \_\_\_\_\_

Address W6309 FIRELANE 9 City MENASHA State WI Zip 54952

Vice President Last FLAHERTY First DANIEL Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female \_\_\_\_\_

Address 1703 W REID DR City APPLETON State WI Zip 54914

Secretary Last HIGGINS First TIM Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female \_\_\_\_\_

Address 909 CAMBRIDGE CT City APPLETON State WI Zip 54915

Treasurer Last FOGARTY First MAR Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female \_\_\_\_\_

Address 2825 E INCLINE WAY City APPLETON State WI Zip 54913

**SECTION 2 - EVENT INFORMATION SECTION**

Date(s) of Event: Beginning 9/15/23 Ending: 9/16/23 Hours 10:00  AM / 10:00  PM

Please describe the type of event you are going to have: MUSIC/CULTURAL FESTIVAL

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 or served: JONES PARK

Address LAWRENCE ST City APPLETON State \_\_\_\_\_ Zip \_\_\_\_\_

Describe actual location and dimensions of area to be licensed below: - BE PRECISE! ENTIRE JONES PARK INCLUDING PARKING LOT Will minors be present? No  Yes  If yes, how will you prevent minors from obtaining alcoholic beverages? GUESTS 10'd & WRISTBANDED

**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 Matthew F Miller

**FOR OFFICE USE ONLY**

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				
S&L <u>7-26-2023</u>	Date Issued	Exp. Date	License Number	