



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

19-0528

FEES ARE NON-REFUNDABLE	Date Rec'd <u>4/8/19</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF <u>7807</u>
Total Amount Paid <u>\$ 17.00</u>	Receipt _____

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) Fox Cities Building for the Arts / Trout Museum of Art Date Organized _____

Address 111 W. College Ave. # City Appleton State WI Zip 54911

Person in Charge of Event: Name: Last Schuh First Nicole Middle-Initial M Date of Birth _____

Address 1125 Greenwood Dr. City Menasha State WI Zip 54952 Person in charge phone number: _____

President Last TURNER, CHRISTINA First CHRISTINA Middle Initial S Male Female

Address 275 LAKE ROAD City MENASHA State WI Zip 54944

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 O'BRIEN First MEG Middle Initial E Male Female

Address 222 LAKE SHORE DR. City HORTONVILLE State WI Zip 54944

SECTION 2 - EVENT INFORMATION SECTION

Date(s) of Event: Beginning 7/28/19 Ending: 7/28/19 Hours 9:00 AM PM 4:00 AM PM

Please describe the type of event you are going to have: Art fair. This is the 59th year of the event: Art at the Park.

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: Beer & wine will be sold/served inside the park, near the center of the park. City Park.

Address 500 E. Franklin Street 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! Entirety of City Park and the 4 streets that border it: North, Union, Franklin, and Drew.

If yes, how will you prevent minors from obtaining alcoholic beverages? We will have an ID check station. Must obtain a wristband before purchasing beer/wine.

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 Christine Schuh

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
Inspection				

S&L	Council	Date Issued	Exp. Date	License Number
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