Form
AB-220

Temporary Alcohol Beverage License

Municipality
City of Appleton

License(s) Requested	Fees	
☑ Temporary "Class B" Wine ☑ Temporary Class "B" Beer	License Fees	$ 10.00
	Background Check	$ -
	Total Fees	$ 10.00

Part A: Organization Information

1. Organization Name
Creative Downtown Appleton Inc

2. Organization Permanent Address
333 W College Ave STE 100

3. City	4. State	5. Zip Code
Appleton	WI	54911

6. Mailing Address (if different from permanent address)

7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
	10/24/14	Wisconsin

10. Phone	11. Email

12. Organization type *(check one)*

☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization
☐ Lodge/Society ☑ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? ..... ☐ Yes ☑ No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Lonsway	Steve	President	
Stephany	Jennifer	Executive Director	
Knuth	Kolby	Vice President	
Lowney	Stephanie	Secretary	
Klister	Tom	Treasurer	

Continued →

Part C: Event Information

1. Name of Event (if applicable)		
Mile of Music		
2. Dates of Operation	3. Hours of Operation	
June 30 - August 2	11am - 10:30pm	
4. Premises Address		
301 W Lawrence Street - Jones Park		
5. City	6. State	7. Zip Code
Appleton	WI	54911
8. County	9. Governing Municipality ☑ City ☐ Town ☐ Village	10. Aldermanic District
Outagamie	of: Appleton	
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Organizer of Event	
Mile of Music Inc		
13. Organizer Website	14. Event Website	
https://mileofmusic.com/	https://mileofmusic.com/	

15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

All of Jones Park, pavillion, and parking lot

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Stephany	Jennifer	L
Title	Email	Phone
Executive Director		
Signature	Date	
Jennifer Stephany	07/13/2026	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
07/14/2026	
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	