

"meeting community needsenhancing quality of life"

FEES .	ARE	NON-	-REFL	JNDA	BLE

Date Rec'd / //3/ 17

License Fee - \$10.00 per event

Acct. 11030.4322

Investigation Fee
Total Amount Paid 37

Acct. 100.2359 Receipt 4638349

+ 7.00

Application for Special Class "B" License to Sell Fermented Malt Beverages at Picnics or Gatherings

The named or	rganizatio	n 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												
SECTION 1 – C	JRGANIZA	TION INF	ORMATION	 Answer: 	all q	uestions cor	mplete	elv. Please P	RINT	clearly	1	
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Date Organized 02/01/1999												
Address 500 W. Marquette St.					City Appleton			State Zip WI 54911				
Person in Charge of Event: Name: La Feistel, Greg					First			Middle Initial Date of		Birth		
Address 130 E Franklin S	t			City Appleton		State WI	Zip 5491	Person in	charge	phone n	ınıber:	
President Felstel, Greg	Last		First		Mie	ldle Initial		Date of Birth	1	Male	Female	
Address					T	City		State	T	Zip	l	
Vice President	Last		First	····	Mi	ddle Initial		Date of Birth	<u> </u>	Male	Female	
Address					(City		State		Zip		
Secretary	Last		· First		Mi	ddle Initial	<u></u>	Date of Birth	— l	Male	Female	
Address						City		State		Zip		
Treasurer	Last		First			idle Initial		Date of Birth		Male	Female	
Address						City		State		Zip .		
SECTION 2 - E												
Date(s) of Event:	. •		/2017 End	ling: 04 /07	,	/2017 Hour	s5:00	AM PM	9.00) A	AM PM	
Please describe the type of event you are going to have: Three Friday Fish Frys, Dates include: 03/10/17, 03/24/17 & 04/07/17												
Do you plan to se			No XXXX				alth De	partment. (920.	332.64	429)		
Location where be Basement cafet	eer or wine v teria of the	vill be sold: parish 10		<u>. </u>			-	1				
Address 500 W Marquette St					City Appleton			State WI		Zip 54911		
Are you requesting an "open concept" license?					Will minors be present?					No XXX		
Describe actual lo	cation and d	imensions o	f area to be lic					t minore from o	htnini		oli n	
Describe actual location and dimensions of area to be licensed – Be precise! Basement of parish 100' x 200' If yes, how will you prevent minors from obtaining alcoholic beverages? Ask for ID's when purchasing beer									one			
SECTION 3 - P							. pa.o.	and the April 1		V 1 1 1 1 1		
This application must be if the event will last mother than the organization also a license is granted. The correct to the best of the Signature of Office.	e on file in the (one than four (4) agrees to comply officer(s) of the eir knowledge a	Office of the Ci days, the appli with all laws, organization,	cation shall be filed resolutions, ordina individually and to	d 15 days prior to nees and regulation	the gr	anting of the license tate, federal or local	e.) affecting	y the sale of ferment ation provided in thi	ad male	beverages ation is tru	if the	
FOR OFFICE US	E ONLY			Talan sar		u Piga in Hajirki		The Park		j		
Dept.	Approve	Deny E	Ву		R	eason	<u> </u>					
Police			.i		+							
Pire					_							
Health					+							
Inspection					I							
S&L	Council		Date Issu	ed		Exp. Date		License Nu	mber			