

"meeting community needsenhancing quality of life"

ļ	FEES	ARE	NON-	-REFU	NDA	BLE

License Fee - \$10.00 per event

investigation Fee + 7.00

Date Recv'd 4/14/17

Acct. 11030.4322

Acct. 100.2359 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. 125.25(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 – OR											<u></u> -	<u>'</u>
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Appleton Fox Cities Kiwanis Club Date Organized 9/22/1972												
Address PO Box 62						City Appleton			State WI		Zip 54912	
Person in Char	ge of Ev	ent:	$ \longrightarrow >$	Name:	Last Stephai			First ay		Middle Initial B	Date of	Birth
Address		÷			City Appleton		State WI	Zip 549		Person in charge	ge phone ni	unber:
President	Last Snyder		-	First Anthony		Mid	dle Initial		L	ate of Birth	Male x	Female x
Address 3320 E Canvasback in	-						City pleton		Stat Wi		Zip 54913	
Vice President	Last Long Manteufe			First Jean		Mid	dle Initial		D 3	ate of Birth	Male	Female X
Address 3106 E. Gazebohill Rd.							City pleton		Stat WI	te	Zip 54913	
Secretary	Last Shrode			First Paul		Mic	idle Initial		L	ate of Birth	Male x	Female
Address 726 E. Washington St.							ity pleton		Stat		Zip 54911	
Treasurer .	Last Walters			First Jeffrey		Mid	dle Initial		1	Date of Birth	Male x	Female
Address 4938 N. Meade St.							ity _{pleton}		Stat WI	te	Zip 54913	
SECTION 2 – EVENT INFORMATION SECTION												
Date(s) of Event: Beginning 7 / 16 / 17 Ending: 7 / 16 / 17 Hours 8:00 AM PM 4:00 AM PM												
Please describe the type of event you are going to have: Antique Car Show, Swap Meet, and Concessions												
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: Pierce Park- inclosed by Prospect, Lutz, and Mason streets. 3 beverage stands within the park borders and 2 beverage carts.												
Address City State Zip												
Pierce Park					Appleton			WI	1 549			
Are you requesting an "open concept" license? (No) Yes Will minors be present? No Yes									(Yes)			
Describe actual loc					3			you preve	nt mi	inors from obtai	ning alcoh	olic
Be precise! Northwest of pavillion, near tennis courts, south end of park. beverages? ID Checking at all stands, monitor grounds.												
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 femented 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	Ву	······································		R	eason			· · · · · · · · · · · · · · · · · · ·		
Police	- AP- D.					- -				N-1-1-1-1		
Fire								·				
Health												
Inspection	-1 ~ <u>~</u>			<u>~</u>	1		Tr:			T + 1		
S&L	Council			Date Issu	ned		Exp. Date	-		License Numbe	ा	