

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee + 7.00
Total Amount Paid _ / 7.

Date Rec'd 4 1/8/17
Acct. 11030.4322

Acct. 100.2359 Receipt <u>468 1653</u>

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

The named or	ganization	applie	s for:			e e e e e e e e e e e e e e e e e e e	Y 17			<u>. </u>	14.	y nighter dig	
A temporary Cl				MALTE	EVERAGES	at picnics	or similar	gathering u	nder s.	125.26(6) Wis. S	tats.		
A temporary Cl	ass "B" license	to sell W	INE at pic	nics or si	milar gathe	ring unde	r s. 125,51	(10) Wis. Sta	ats. (Lir	nit 2 permits in	12 month	n period)	
SECTION 1 - O	RGANIZAT	ION IN	FORMA	TION	– Answe	r all qu	estions	complet	ely.	Please PRIN	T clearly	1	
Name of Organiza Fox Valley Hea		de club,	lodge or	society,	veteran's	organiza	ion or fai	r associatio		Date Organize 08/26/2015	đ	·	
Address 313 S Joseph Street							City Appleton			State		Zip 54915	
Person in Charge of Event: Name:						ast First			Middle Initial		Date of Birth		
						ueske Eric			J				
Address					City		Stat	e Zip	;	Person in charg	<u></u> -	amber:	
President	Last Mueske			First Eric		Mido	lle Initial		Da	ate of Birth	Male	Female	
Address 313 S Joseph Street				City Appleton			State		Zip 54915				
Vice President	Last			First			lle Initial	· · · · · · · · · · · · · · · · · · ·	L-11	ate of Birth	Male	Female	
Address						Ci	ty		State		Zip	-	
Secretary	Last			First		Mid	dle Initial		Da	te of Birth	Male	Female	
Address							City			State		Zip	
Treasurer	Last Mueske				First Michelle		Aiddle Initial		Date of Birth 10/19/1973		Male	Female x	
Address 313 S Joseph Street					_	City Appleton			State Zip WI 54915				
SECTION 2 - EV	/ENT INFO	RMATI	ON SEC	TION	1, ,		11121	3.5 1.5 4.				11 50 12	
Date(s) of Event:	Beginning Os	713	/201	17 End	ling: 05 /	13 /	2017 I	Hours 10ar	m	AM PM 10	nm -	AM PM	
Please describe the Fastpitch Softba	e type of ever	ıt you ar						1001			PIII		
Do you plan to ser			' No	Yes	If yes, c	ontact the	e Appleto	n Health D	epartn	nent, (920.832.	6429)		
Location where be Main Front Con			d:										
Address Memorial Park 1620 E Witzke							ity pleton		State WI	;	Zip 54911		
Are you requestin	g an "open co	ncept" l	icense?	No	χΥes	Will 1	ninors be	present?	L	*****	No	χΥes	
Describe actual location and dimensions of area to be licensed – Be precise! Front Concession 30 x 30 If yes, how will you prevent minors from obtaining alcoholic beverages? Wrist bands will need to be purchased and I.D is required.													
SECTION 3 - PI	ENALTY SE	CTION						1.					
This application must be fifthe event will last mot This organization also a license is granted. The correct to the best of the Signature of Office:	e on file in the O re than four (4) o grees to comply officer(s) of the ir knowledge an	ffice of the lays, the ap with all law organization	City Clerk plication sh ws, resolutio	for at leas all be file ons, ording	t ten (10) bus d 15 days pric pres and regu	iness days p or to the gra llations (sta	orior to grant nting of the l te, federal or	ting the licens license. r local) affecti	e. ng the sa	ale of fermented m	alt beverages	if the ue and	
FOR OFFICE US	E ONLY	1			<u> </u>						<u> </u>	i majir	
Dept.	Approve						Reason						
Police	,												
Fire													
Health	<u> </u>							· · · · · · · · · · · · · · · · · · ·				•	
Inspection S&L	Council		L	Date Ion	ıed		Evn Dat	Α		Licence Number			
UGEL	Council	1	Date Issued			Exp. Date			License Number				