

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

F	FFS	ARF	NON	I-RFFI	IND	ARII

License Fee - \$10.00 per event

Investigation Fee + 7.00

Total Amount Paid

Date Rec'd

Acct. 11030.4322

Acct. 100.2359 Receipt 🖵 🖊

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

The named org					<u> </u>							
X A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.  X 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)												
			FORMATION - A		•			<del>-,</del>				
Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association)  Date Organized  S// 93												
Address SOO W. Marguette ST.						Dolaton	Sta	Jî.	Zip \$7(9//			
Person in Charge of Event:  Name: Last First Middle Initial Date of Birth												
Address 4719	W. Po	ppy Br	Cit A	ppleto	W	State Zi	ነዓ / <sup>ር</sup>	Person in charg				
President	t Last First				Middle Initial			Date of Birth	Male	Female		
Address					City			ite	Zìp			
Vice President	President Last First				Middle Initial			Date of Birth	Male	Female		
Address	ess				City			ite .	Zip			
Secretary	/ Last First				Middle Initial			Date of Birth	Male	Female		
Address					City			nte	Zip			
Treasurer	Last		First		Middle Initial			Date of Birth	Male	Female		
Address					City			State Zip				
SECTION 2 – EVENT INFORMATION SECTION												
Date(s) of Event: Beginning Q/Z/17 Ending: G/4/17 Hours 10:00 AM PM 10:45 AM PM												
Please describe the type of event you are going to have:												
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:  Tentin Rorth Parking Lot												
Address A City , State Zip										ř.		
S'OO W Marquette St. Appleton Wi S'1911  Are you requesting an "open concept" license? No Yes Will minors be present? No Yes												
1	cation and d	imensions	of area to be license	ed –			vent n	inors from obtai	ning alcoh	nolic		
Be precise!	1 21	± E /	of i		beverag	es? /1+1/	11.	in at i	0			
North Parking Lot of Church Utilize Wrist bands												
SECTION 3 – PI			City Clerk for at least ten	(10) busines	ss davs nrie	or to granting the lice	nse.					
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 The Administration of the Control of the Cont												
FOR OFFICE USE ONLY												
Dept.	Approve	Deny	Ву		Reas	son				•		
Police												
Fire												
Health				<del> </del>	<del>   </del>							
Inspection   Date Issued   Exp. Date   License Number												
	L											