

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

| FEES ARE NON-REFUNDABL |   |    |   |   |    |    |   |    |   |    |   |    |    |   |
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Date Rec'd 6 /19 Acct. 11030.4322

License Fee - \$10.00 per event Investigation Fee

Total Amount Paid \_

Acct. 100.2359

Receipt 4705769

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

| The named organization applies for:  |
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| 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   |
| Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association)  Date Organized  |
| Address   May 15, 1939   |
| Address Po Box 1281 City Appleton WI 54914   |
| Person in Charge of Event: Name: Plast First Middle Initial Date of Birth  |
| Address 1/0 E FLORIDA Ave Appletin W1 54911 Person in charge phone number:   |
| President Last Roberts First Middle Initial Date of Birth Male Female  |
| Address III E. Floring Ave Appleton State 254911   |
| Vice President Last robeen First Middle Initial Date of Birth Male Female  |
| Address W6400 Firelane 8 Penasha State 1 Zip54952  |
| Secretary Last First Middle Initial Date of Birth Male Female  |
| Address 2404 W. Seneca Dave Appleton State 1 Zip Jug 15  |
| Treasurer Blasthhuber Laren Middle Initial Date of Birth Male Female   |
| Address 1818 E. Lindbergh Appleton State 1 Zig-4911  |
| SECTION 2 – EVENT INFORMATION SECTION  |
| Date(s) of Event: Beginning 08/24/2017 Ending: 08/24/2017 Hours 4 AM (PM) 7 AM (PM)  |
| Please describe the type of event you are going to have:  Women's Fanal to Day - Retrestments Speaker  |
| 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:  |
| Fox Valley Unitarian Universalist Fellowship Address State Zip   |
| DARO E. Philiplane Angletin W. 54915   |
| Are you requesting an "open concept" license? No Yes Will minors be present? No Yes  |
| Describe actual location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining a condition of the location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining a condition of the location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining a condition of the location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining a condition of the location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining a condition of the location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining a condition of the location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining a condition of the location of t |
| Be precise! beverages?   FULLED  |
| SECTION 3 – PENALTY SECTION JUN 1 9 2017   |
| 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 that he verages if the CNS 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 Sullon 920-739-4898   |
|  |
| FOR OFFICE USE ONLY  |
| Dept. Approve Deny By Reason Police  |
| Fire   |
| Health   |
| A A STATE OF THE S |
| Inspection   Date Issued   Exp. Date   License Number  |