

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

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee + 7.00
Total Amount Paid / 7

Date Rec'd <u>11 / 8 / 17</u>

Acct. 11030.4322

Acct. 100.2359

Receipt 4 7550 76

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

The named organization applies for:										
X 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										
Littlest Tumor Counclation 2010										
Address PO BOX 7051						City State WI			Zip 54912	
Person in Cha	rge of Ev	ent:		Name: L	ast 1847	First Trace	M /Y	liddle Initial	Date of	Birth
Address HOW. Letter Rd City State Zip Person in charge phone number 54912 Person in charge phone number										
President	Last UTM		, <	First		dle Initial	Date	e of Birth	Male	Female
Address 4200 A	Winde	ross &	Dr.			hty/ppleton	State	ŴΪ	Zip 5	4913
Vice President	Last			First		ldle Initial		e of Birth	Male	Female
Address						City	State		Zip	,
Secretary Address	Last			First		idle Initial		e of Birth	Male	Female
						City	State		Zip	
	Niv tane	en_		First		dle Initial		e of Birth	Male	Female
Address LOW. Lepann Rd. Gity State Zip										
SECTION 2 - EVENT INFORMATION SECTION Date(s) of Event: Beginning 0.7 / 10. Ending: 0.2 / 16 / 10. Hours Transaction AM PM										
Date(s) of Event: Beginning 02 / 10 / 10, Ending: 62 / 10 / 18 Hours 7 60 AM PM Please describe the type of event you are going to have:										
rease 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: NOT SOLD - Copper Rock (The Appleton W)										
Address 210 W College Ave City Appleton WI Sygli										
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 alcoholic										
Be precisel copper Rock Copper Party Korn beverages? (1 censed bar-knder										
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 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										
FOR OFFICE USE ONLY										
Dept.	Approve	Deny	Ву		F	Leason				
Police Fire								4		<u>-</u>
Health									·	
Inspection										
S&L	Council			Date Issued		Exp. Date		License Number		