Applean .

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

FEES ARE NON-REFUNDABLE	Date Rec'd 2 / 8 / 18			
License Fee - \$10.00 per event	—Acct. 11030.4322			
Investigation Fee + 7.00 Total Amount Paid	Acct. 100.2359 Receipt <u>4806814</u>			

## 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. 125.26(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  4.2.1993							
Address' 116 N. Arnleton St.		City Appleton	State	Zip 5H	711		
Person in Charge of Event: Name: Last First Middle Initial Date of Birth							
Address 1 1 0 N. Appleton St. City Appleton State State 54911 Person in charge phone number:							
President Last Fi		viiddle Initial	Date of Birth	Male	Female		
Address 222 F. College ave.		City Oppleton	State Wi	<b>——</b> —	1911		
Johnson	irst Deb	Middle Initial	Date of Birth	Male	Female		
700 VV 3 00 00 00 00 00 00 00 00 00 00 00 00 0	we,	City Appleton	State Vi	<u> </u>	4911 Famala		
Magee	irst Lynn	Middle Initial 5	Date of Right	Male	Female		
	ow -	City Appleton	State Vi	Zip 51 Male	∤9    Female		
Vargosho	hillia		State	172:	X		
AND E MOSINING LO		City Appleton	State Wi	5	<del>1</del> 911		
SECTION 2 – EVENT INFORMATION SECTION OF Francis Programs (1997)	Ending: 0 / 20	//Q Hours O	AM PM 5	(1.70	AM (PM)		
	Ending: 9/20	7/18 Hours 9	7.11VI 7	1:30			
Please describe the type of event you are going to have:  The event featuring food, art, music, family activities, crafts beer.  Do you plan to serve food at this event? No Yesy If yes, contact the Appleton Health Department. (920.832.6429)							
Do you plan to serve food at this event?   No   Y	(es) If yes, conta	ct the Appleton Héalth D	epartment. (920.832.	0429)	· · · · · · · · · · · · · · · · · · ·		
Location where beer or wine will be sold: College Ovenue - Richmond Street to Laive.							
Address		City	State	Zip			
Are you requesting an "open concept" license?		Will minors be present?		No			
Describe actual location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining alcoholic							
Be precise! 2017 Map copy attached. beverages? Wristhand purchase required with I.D.							
SECTION 3 - PENALTY SECTION Licensed bartenders at all occations.							
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 frame Symphony							
FOR OFFICE USE ONLY							
Dept. Approve Deny By		Reason			_		
Police		<u> </u>					
Fire							
Health							
Inspection	a Tamad	Evn Data	License Numb	er			
S&L Council Dat	e Issued	Exp. Date					

