

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

			D. F. F. I. S. I.	
LLLJ	MILL	INCHA-	REFUNI	URULL

Date Recv'd 5 /10 /(8

License Fee - \$10.00 per event Investigation Fee +

+ 7.00

Acct. 11030.4322

Acct. 100.2359

Total Amount Paid 10 Receipt 484242

## 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. 125.25(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)  Appleton Fox Cities Kiwanis Club  Date Organized 9/22/1972												
Address PO Box 62		City St Appleton WI			Zip 54912							
Person in Charge of Event:  Name: Las Stepha			First			Middle Initial Date of Birth		Birth				
Address		State Zip			Person in charge phone number:							
3209 S. White Birch Lane	City Appleton		ļwi	549	15							
President Last	First Jean	M	iddle Initial		D	ate of Birth	Male	Female x				
Address 3320 E Canvasback Ln			City Appleton		Stat	e	Zip 54913					
Vice President Last Rhiner	First Vickie	M	iddle Initial		P	ate of Birth	Male	Female ×				
Address 3106 E. Gazebohill Rd.			City Appleton		Stat wi		Zip 54913					
Secretary Last Shrode	First Paul	N	fiddle Initial		D	ate of Birth	Male x	Female				
Address 726 E. Washington St.			City Appleton		Stat wi	e	Zip 54911					
Treasurer Last Walters	First Jeffrey	M	iddle Initial		D	ate of Birth	Male X	Female				
Address 4938 N. Meade St.			City Appleton		Stat	e _	Zip 54913					
SECTION 2 - EVENT INFORMATION S	ECTION											
Date(s) of Event: Beginning 7 / 22 / 18 Ending: 7 / 22 / 18 Hours 8:00 AM PM 4:00 AM PM												
Please describe the type of event you are going to have: Antique Car Show, Swap Meet, and Concessions												
Do you plan to serve food at this event?	No Yes If yes, c	ontact	the Appletor	n Health D	epart	ment. (920.832.	.6429)					
Location where beer or wine will be sold: Pierce Park- inclosed by Prospect, Lutz, ar	nd Mason streets. 3	beve	rage stands	within the	park	borders and	2 beverag	e carts,				
Address			City			e	Zip					
Pierce Park  Are you requesting an "open concept" license	? No Yes	137	Appleton   WI   Will minors be present?			54911   No   Yes						
Describe actual location and dimensions of a	- 1	^     \( \frac{1}{2} \)										
Be precise! Northwest of pavillion, near tennis of	be	If yes, how will you prevent minors from obtaining alcoholic beverages?  ID Checking at all stands, monitor grounds.										
SECTION 3 – PENALTY SECTION												
This application must be on file in the Office of the City C	lerk for at least ten (10) bus	siness da	ys prior to grant	ing the licens	e.			<del></del>				
If the event will last more than four (4) days, the application								-				
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 belife.												
Signature of Officer CMMMM												
1110												
FOR OFFICE USE ONLY												
Dept. Approve Deny By		- 1	Reason									
Police												
Fire												
Health												
Inspection						1						
S&L Council Date Issued Exp. Date License Number  11-01-09 Reasonable accommodations for persons with disabilities will be made upon request and if feasible.												
11-01-09 Reasonable accommodations	jor persons with disa	ibilitie	s will be mad	ae upon re	quest	t and if feasible						