

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event

Investigation Fee Total Amount Paid __

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Date Rec'd 1 /16/19 Acct. 11030.4322 CLC SPB Acct. 400.2359 CLCPIF Receipt 3294

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

The named orga	nization a	oplies 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 04/07/1981											
Address 211 E, Franklin St.					City Appleton			tate I	Zip 54911		
Person in Char		nt.	Name:			First		Middle Initial	Date of	Birth	
1 CISON III Chai	50 01 15 101	nt:	2	Kumbier		Kathleen	1 =:	M Person in char			
Address 2351 Fiesta Ct.		1		City Neenah		State WI	Zip 54956		ge phone nu	iniber.	
President	Last		First		Middle	Initial		Date of Birth	Male	Female	
Address					City		S	tate	Zip		
Vice President	Last		First		Middle	Initial		Date of Birth	Male	Female	
Address			,		City		S	tate	Zip		
Secretary	Last		First		Middle	Initial		Date of Birth	Male	Female	
Address					City		S	State	Zip		
Treasurer	Last		First		Middle	Initial		Date of Birth	Male	Female	
Address					City		5	State	Zip		
SECTION 2 – EVENT INFORMATION SECTION											
Date(s) of Event: Beginning 04 /04 /19 Ending: 04 /04 /19 Hours 5:30 AM(PM) 8:00 AM (PM)											
Please describe the type of event you are going to have: Fundraiser Spring Dinner											
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: Sacred Heart Parish											
Address					City			State	Zip	***************************************	
222 E. Fremont Street					Appleton WI			VI	54915		
Are you requesting an "open concept" license? No Yes Will minors be present?									_\		
Describe actual location and dimensions of area to be licensed – If yes, how will you prevent minors from obtaining ale									aining alco	holic	
Be precise! Gymnasium at Sacred Heart Parish						beverages? Bartenders will check ID					
SECTION 3 – PI	ENALTY SEC	CTION									
This application must be If the event will last more This organization also a license is granted. The correct to the best of the	e on file in the Of ore than four (4) de agrees to comply to officer(s) of the o	fice of the City Clays, the application with all laws, resourganization, indiv	n shall be file lutions, ordin	ed 15 days prior t nances and regula	o the granti tions (state,	ng of the licen federal or loca	se. al) affecting	the sale of fermented ation provided in this a	malt beverage	es if the rue and	
Signature of Officer Author William William Signature											
FOR OFFICE US	SE ONLY										
Dept.	Approve	Deny By			Rea	son					
Police											
Fire	1 10 16		\.\\\.		_						
Health	1-17-19	1,4	1 jakes	3	-						
Inspection S&L	Council	L	Date Is:	sued		Exp. Date		License Nun	nber		
		1.11			1:4:	16	mon roa	uest and if feasih	le .		

Reasonable accommodations for persons with disabilities will be made upon request and if feasible. 11-01-09 Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799