

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

## FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event Investigation Fee + 7.00

Investigation Fee + Total Amount Paid + Total + To

Date Rec'd <u>5</u> / <u>16</u>/ <u>19</u>

Acct. 11030.4322

Acct. 100.2359 Receipt \_\_ うちしる

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

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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											
Fox Valley Vietnam Veterans Association Oct. 1993 Address City State Zip											
	120 N. Morrison							NI		54911	
Person in Cha	rge of Ev	ent:		Name: L	ast EMS	David	d	Middle Initial	Date of		
Address 59 5. Meadow DV.  City Appleton State WI State											
President	Last Boモ		o (~	First Bolo	Middle	Initial A	I	Date of Birth	Male	Female	
Address 1409	darri sa		1	1000	City	Appleton	Sta	ite WI	Zip 4	911	
Vice President	T	el K		First 00N	Middle	e Initial F		Date of Birth	Male	Female	
Address 52		ire p	1.			Appleton	Sta	(v) T	_	1915	
Secretary	Last W	Than	m s	First JOC		e Initial		Date of Birth	Male	Female	
Address W 70		erna	Rd	Timat	City	renasha	Sta	wi	100 000	4952	
Address	Last Wil	harm	2	First JOE		Initial E		Date of Birth	Male X	Female	
Address W70104 Verna Rd City Menasha State W1 Zip 54952											
SECTION 2 – EVENT INFORMATION SECTION											
Date(s) of Event: Beginning 9 / 19 Ending: 8/4/19 Hours 11:00 (M)PM 11:00 (M)PM											
Please describe the type of event you are going to have:  FREE MUSIC EVENT. OPEN TO GENERAL PUBLIC											
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:  WASHINGTON SOUARE											
Address City State Zip State State 54									911		
Are you requesting an "open concept" license? No Yes 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! WHOLE SPACE, SEE PHOTO TICKETS. BAR TENDERS AT ALL BAR AREAS											
SECTION 3 – PENALTY SECTION											
			City Cle	rk for at least ten (10) bus	siness davs nri	or to granting the	license				
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 being.											
Signature of Officer											
FOR OFFICE LYCE ONLY											
FOR OFFICE US						Reason					
Dept. Police	Approve	Deny	Ву		Reas	SUII					
Fire										F	
Health				dr.							
Inspection											
S&L	Council		Date Issued			Exp. Date		License Number			

## Washington Square

