

"meeting community needsenhancing quality of life"

FEES ARE NON-REFUNDABLE

License Fee - \$10.00 per event **Investigation Fee**

7.00 **Total Amount Paid**

Date Rec'd 8/17/31

Acct Code: CLCSPB

Acct Code: CLCPIF Receipt 0507

Application for Temporary Class "B" Beer or "Class B" Wine License

Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing										
The named organization applies for: (Please check one or both)										
	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 licenses in a 12 month period) SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly									
A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses 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 12911910										
Address 125 N. Superior St State VI State Zip S491										
Person in Ch	arge of Ev	ent:	N	lame: Last	ner	First	n M. I.	Date of F	Birth	
Address 25 1	Barnie	57		Freder	Υ	State Zip	1913 Person in char	ge phone nui	nber:	
President R	CLASTIDS	Zes	c Rel	irst CCQ	Middle I	nitial	Deef Pic	Male	Femal	
Address 12	5 N.S	SUPC	non	24	Fig	oleton	State	ZipSt	1911	
Vice President Last Hornas Middle Initial Bate of Birth Male Femal										
Address	15 N	1, <	yre n	CC C+	City	picter	State	Zip	4911	
Secretary	Last	, ,]	First	114	1, -	Date of Birth	Male	Femal	
Address					City		State	Zip		
Treasurer	Last		F	irst		nitial	Date of Birth	Male	Femal	
Address					City		State	Zip		
STATES OF STATES AND STATES OF STATES	Pirst Middle Initial Date of Birth Male Femal City State Zip Pon 2 - EVENT INFORMATION SECTION Of Event: Beginning 9 / 1/2 Ending: 9 / 1/2 Hours 5 AM/M AM/PM Describe the type of event you are going to have: On 2 - EVENT INFORMATION SECTION Of Event: Beginning 9 / 1/2 Ending: 9 / 1/2 Hours 5 AM/M AM/PM Describe the type of event you are going to have: On 3 - EVENT INFORMATION SECTION Of Event: Beginning 9 / 1/2 Ending: 9 / 1/2 Hours 5 AM/PM Describe the type of event you are going to have: On 3 - EVENT INFORMATION SECTION Of Event: Beginning 9 / 1/2 Ending: 9 / 1/2 Hours 5 AM/PM AM/PM Describe the type of event you are going to have: On 4 - EVENT INFORMATION SECTION Of Event: Beginning 9 / 1/2 Ending: 9 / 1/2 Hours 5 AM/PM AM/PM Describe the type of event you are going to have: On 4 - EVENT INFORMATION SECTION Of Event: Beginning 9 / 1/2 Ending: 9 / 1/2 Hours 5 AM/PM AM/PM Describe the type of event you are going to have: On 4 - EVENT INFORMATION SECTION Of Event: Beginning 9 / 1/2 Ending: 9 / 1/2 Hours 5 AM/PM AM/PM Describe the type of event you are going to have: ON 5 - EVENT INFORMATION SECTION Of Event: Beginning 9 / 1/2 Ending: 9 / 1/2 Hours 5 AM/PM AM/PM Describe the type of event you are going to have: ON 6 - EVENT INFORMATION SECTION OF									
Date(s) of Event: Beginning $9 / 10 / 21$ Ending: $9 / 10 / 21$ Hours $5 \times AM / (M) \rightarrow AM / (PM)$										
Please describe the type of event you are going to have: FOX CITIES CHAMBER OPEN HOUSE										
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 or served: Location where beer or wine will be sold or served: Location where beer or wine will be sold or served: Location where beer or wine will be sold or served: Location where beer or wine will be sold or served: Location where beer or wine will be sold or served: Location where beer or wine will be sold or served: Location where beer or wine will be sold or served: Location where beer or wine will be sold or served:										
Address 25	Sur	nop	1 st			otetan		Zip	911	
Describe actual lo	cation and di	imension	s of area		Will mind	ors be present?		Ng /	Yes	
to be licensed below:- BE PRECISE!										
see attached map.					If yes, how will you prevent minors from obtaining alcoholic beverages?					
SECTION 3 - P	ENALTY SE	CTION								
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 organization 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 EUP C FO										
FOR OFFICE US	SE ONLY	-4/2			处于高沙河			A STREET		
Dept.	Approve	Deny	Ву	and the state of t	Reason			an had	ALL CONTRACTOR	
Police										
Fire										
Health Inspection	-									
S&L		Date Issued			Exp. D	ate	License Number	er		

Google Maps 125 N Superior St





125 N Superior St

Building











Directions

Save

Nearby

Send to your phone

Share



125 N Superior St, Appleton, WI 54911