

Temporary Alcohol Beverage License

Municipality Appleton

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$ 7.00(3) \$21.00 - Both Temp B
Total Fees		\$ 31.00

Part A: Organization Information

1. Organization Name
Fox Valley Vietnam Veterans Association

2. Organization Permanent Address
120 N. Morrison St., Suite 200

3. City
Appleton

4. State
WI

5. Zip Code
54911

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation
June 2014

9. State of Organization/Incorporation
Wisconsin

10. Phone

11. Email

12. Organization type (check one)

Bona Fide Club
 Church
 Fair Association/Agricultural Society
 Veteran's Organization
 Lodge/Society
 Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

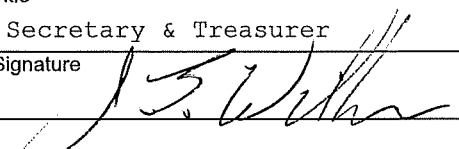
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Boettcher	Bob	President	
Falk	Don	Vice President	
Wilharms	Joe	Secretary	
Wilharms	Joe	Treasurer	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Mile of Music Festival			
2. Dates of Operation July 30, 2026 August 2, 2026		3. Hours of Operation 11 a.m. to 11 p.m.	
4. Premises Address Houdini Plaza - 100 W. Lawrence St., Appleton, WI 54911			
5. City Appleton		6. State WI	7. Zip Code 54911
8. County Outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton		10. Aldermanic District 9
11. Organizer of Event (if not the named applicant) Mike Van Thull		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website www.mileofmusic.com		14. Event Website www.mileofmusic.com	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Mile will sell alcohol in Houdini Plaza out of tent located on the south west side of the plaza. The consumption will be kept inside of Houdini Plaza. There will be signage stating alcohol cannot leave the plaza. The alcohol will be stored in beverage distributors trailers and in our locked storage pods.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Wilharms		First Name Joe	M.I.
Title Secretary & Treasurer	Email		Phone
Signature 		Date 6-16-26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 06/18/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	