

**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		\$
<b>Total Fees</b>		<b>\$</b>

**Part A: Organization Information**

1. Organization Name **Appleton Downtown Inc.**

2. Organization Permanent Address **333 W. College Ave. Ste 100**

3. City **Appleton**      4. State **WI**      5. Zip Code **54912**

6. Mailing Address (if different from permanent address)

7. FEIN **391727622**      8. Date of Organization/Incorporation **04-02-1993**      9. State of Organization/Incorporation **WI**

10. Phone **(920)954-9112**      11. Email **Marybeth@appletondowntown.org**

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
Lonsway	Steve	President	(920)731-3322
Knuth	Kolby	Vice President	(920)460-5986
Lowney	Stephanie	Secretary	(920)739-6101
Hlister	Tom	Treasurer	(920)246-1520
Stephany	Jennifer	Director	(920)538-2026

Continued →

Part C: Event Information			
1. Name of Event (if applicable) <b>Summer Concert Series</b>			
2. Dates of Operation <b>Thursdays from June - August 2026</b> <b>June 4, 11, 18, 25 + July 2, 9, 16, 23, 30 + August 6, 13, 20, 27</b>		3. Hours of Operation <b>5:30 pm - 8:30 pm</b>	
4. Premises Address <b>Jones Park, 301 W. Lawrence Street</b>			
5. City <b>Appleton</b>		6. State <b>WI</b>	7. Zip Code
8. County <b>Outagamie</b>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <b>Appleton</b>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <b>Mary Beth Fosbinder</b>		12. Email and/or Phone Number for Organizer of Event <b>marybeth@appletondowntown.org   920-954-9112</b>	
13. Organizer Website <b>appletondowntown.org</b>		14. Event Website	
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. <b>bar sections under bridge at Jones Park w/beer trailers, wristband booths, licensed bartenders, to secure area + monitor. valid ID required for wristband + tickets for beverages.</b>			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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.</p>			
Last Name <b>Stephany</b>		First Name <b>Jennifer</b>	M.I. <b>L</b>
Title <b>Executive Director</b>	Email <b>Jennifer@appletondowntown.org</b>	Phone <b>920-538-2026</b> <b>920-954-9112</b>	
Signature 		Date <b>2-16-26</b>	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk <b>2/17/26</b>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	