

Temporary Alcohol Beverage License

Municipality
City of Appleton

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10
	Background Check	\$ 21
	Total Fees	\$ 31

Part A: Organization Information		
1. Organization Name Appleton Fox Cities Kiwanis Club		
2. Organization Permanent Address 3209 S. White Birch Ln		
3. City Appleton	4. State WI	5. Zip Code 54915
6. Mailing Address (if different from permanent address) PO Box 62 Appleton, WI 54912		
7. FEIN	8. Date of Organization/Incorporation 09/26/72	9. State of Organization/Incorporation Wisconsin
10. Phone	11. Email	
12. Organization type (check one) <input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Stephany	Jay	Event - Co-Chair	
Golke	Dawn	President	
Shrode	Paul	Secretary	
Aaronson	Eric	Treasurer	

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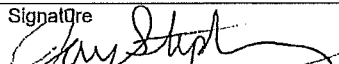
Part C: Event Information

1. Name of Event (if applicable) 49th Anniversary Appleton Old CarShow & Swap Meet			
2. Dates of Operation July 19, 2026		3. Hours of Operation 8:00am - 4:00pm	
4. Premises Address Pierce Park, 1035 W Prospect Ave			
5. City Appleton		6. State WI	7. Zip Code 54914
8. County Outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>		10. Aldermanic District District 6
11. Organizer of Event (if not the named applicant) Appleton Fox Cities Kiwanis Club		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website www.foxkiwanis.org		14. Event Website www.appletonoldcarshow.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. The park is enclosed by Prospect, Lutz, and Mason streets. There will be a beverage stand in the parking lot of the park with the food trucks and there will be a beverage stand along the west side of the main park pavilion. There will also be 2-3 beverage carts that will roam the other areas of the park for attendee convenience for beverage sales. Storage of inventory will be in a locked and refrigerated beer trailer provided by Wisconsin Distributors.			

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 Stephany		First Name Jay		M.I. B
Title Event Co-Chair		Email		Phone
Signature 			Date 05/28/26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5-29-2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	