

## Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10 per event + \$7 (applicant background investigation fee)

Town  Village  City of Appleton

Application Date: 12-16-25

County of Outagamie

The named organization applies for: (check appropriate box(es).)

A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 2-21-26 and ending 2-21-26 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

Bona fide Club

Church

Lodge/Society

Veteran's Organization

Fair Association or Agricultural Society

Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Sacred Heart Church

(b) Address 222 E. Fremont St. Appleton, WI, 54915  
(Street)

Town  Village  City

(c) Date organized 1898

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary NA \_\_\_\_\_

Treasurer \_\_\_\_\_

54915

(g) Name and address of manager or person in charge of affair: Dave Erickson 11600 Dahlia Dr. Appleton, WI

(g) 1. Date of Birth: \_\_\_\_\_ (g) 2. Drivers License #: \_\_\_\_\_ (g) 3. Email: \_\_\_\_\_ (g) 4. Home: \_\_\_\_\_

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 222 E. Fremont St. Appleton, WI, 54915

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? All

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: \_\_\_\_\_

3. Name of Event

(a) List name of the event Winterfest

(b) Dates of event 2-21-26

(c) Time(s) of event 5:00 - 9:00 pm

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Dave J. Erickson 12-16-25 Sacred Heart Church  
(Signature / Date) (Name of Organization)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Committee \_\_\_\_\_

Date Granted \_\_\_\_\_

License No. \_\_\_\_\_

COA Dept. Approval: Police \_\_\_\_\_ Fire \_\_\_\_\_ Health \_\_\_\_\_