

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 \$ _____

Application Date: 8-14-13

Town Village City of Allover County of Brown

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 9-10-13^{6-9 PM} and ending 9-10-13 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

(a) Name Resurrection Catholic Parish

(b) Address 333 Hilltop Dr., Green Bay WI 54301
(Street) Town Village City

(c) Date organized 10/1963

(d) If corporation, give date of incorporation 10/1963

(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 Bishop Robert Morneau

Vice President _____

Secretary Kathryn Barry

Treasurer Paul Defnet

(g) Name and address of manager or person in charge of affair: Sheila DeLuca

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 333 Hilltop Dr.

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Gathering Area 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: Family Activity Center

3. NAME OF EVENT

(a) List name of the event Bishop Bob's 75th B-day Party

(b) Dates of event 9-10-13 (6-9 PM)

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer _____
(Signature/date)

Resurrection Catholic Parish
(Name of Organization)
Officer Robert J. Monn Aug. 14, 2013
(Signature/date)

Officer _____
(Signature/date)

Officer Paul Defnet 8/14/13
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____