

R#89687  
4/15/14 } \$10.00

# 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 3/1/14

☐ Town ☒ Village ☐ City of Allouez 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 5/31/14 5:30 am and ending 5/31/14 9:00 pm 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 St Matthew Parish

(b) Address 130 St. Matthew St.  
(Street) ☐ Town ☒ Village ☐ City

(c) Date organized 5/31/14

(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 ~~Philip Dinh~~ Penny Dault

Vice President Philip Dinh-Van-Thiep

Secretary Wayne Wichlacz

Treasurer Bill Campion

(g) Name and address of manager or person in charge of affair: \_\_\_\_\_

Joey Richards 3288 Waubesa Dr. GP 54301

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

(a) Street number 130 St Matthew St

(b) Lot AL 1066 Block St Matthew + Webster

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, of room or rooms, license is to cover: outside but indoor Parish Center bathrooms

3. NAME OF EVENT

(a) List name of the event Corn Hole Toss

(b) Dates of event 5/31/14

## 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 Penny Dault  
(Signature/date)

St. Matthew Church  
(Name of Organization)  
Officer Penny Dault  
(Signature/date)

Officer \_\_\_\_\_  
(Signature/date)

Officer \_\_\_\_\_  
(Signature/date)

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

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

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