

R# 92540  
1/27/15  
\$20.00

### 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 \$ 10.00 / xx

Application Date: 1/27/14

Town  Village  City of Allouez County of Brown

The named organization applies for: (check appropriate box(es)) St. Matthews Athletics Boosters

- 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 2/28/15 @ 4:00 PM and ending 2/28/15 @ 9 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. Matthews

(b) Address 130 St. Matthews St. Green Bay, WI 54301  
(Street)  Town  Village  City

(c) Date organized 2011

(d) If corporation, give date of incorporation n/a

(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 Todd Erickson

Vice President Megan Darling

Secretary Rob Atwood

Treasurer Zenny Part

(g) Name and address of manager or person in charge of affair: Todd Erickson - 1720 Spring Hills Lane  
Waukegan, WI 54115 920 362-2032 or Rob Atwood - 831 Green Valley Ave  
Green Bay, WI 54301

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

(a) Street number 130 St. Matthews St.

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

(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, or room or rooms, license is to cover: Main Floor Gathering Area.

3. NAME OF EVENT

(a) List name of the event Cannon Fever Cookout

(b) Dates of event 2/28/15

#### 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] 1/27/15  
(Signature/Date)

St. Matthews Athletics  
(Name of Organization)

Officer \_\_\_\_\_  
(Signature/Date)

Officer \_\_\_\_\_  
(Signature/Date)

Officer \_\_\_\_\_  
(Signature/Date)

Date Filed with Clerk 1/27/15

Date Reported to Council or Board 2/3/15

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

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