

**NOISE VARIANCE PERMIT APPLICATION
VILLAGE OF ALLOUEZ**

Please return completed application at least four weeks before the event to the Allouez Administrator, 1900 Libal Street, Green Bay, WI 54301. Applications received after that time may not be processed.

Please Type or Print -

Type of Event: ST. MATTHEW CHURCH PICNIC

Date(s) of Event: 6-6-15 6-7-15

Time(s) of Operation: 4:00 PM - 9:00 PM 11:00 AM - 4:00 PM

Location of Event: 130 ST. MATTHEW ST.

Approx. # of people attending _____

Security Provisions (DEO Officer will need to sign off after consultation)

R. [Signature] DEO

Name of Applicant: JOEY RICKARTS Phone #: _____

Address of Applicant: 3288 WAUBENORR DR 54301

Reason for Noncompliance with Noise Ordinance: _____

Describe steps applicant can reasonably take to minimize noise:

KEEP NOISE VOLUME LOW

Equipment and Operation involved: POSSIBLE D.J. OR CD MUSIC

Place on the 5-5-15 Village Board agenda. I HAVE AN OPERATOR LICENSE ↓

Name of responsible person who will be in attendance at event: DICK VAULANGENDON

Contact phone #: 920-606-4962 Site Contact phone #: 920-435-6811

Any and all additional police service expenditures will be billed to applicant

Joey Rickarts 4-16-15
Applicant's Signature Date Signed

Please refer to the Village of Allouez Noise Ordinance

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: _____

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 4:00 PM → ending 9:00 PM.
11:00 AM → 4:00 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'S CHURCH

(b) Address 130 ST. MATTHEW ST,
(Street) Town Village City

(c) Date organized _____

(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 JILL SEDLACEK 3280 LANCELOT LN. 54301

Vice President PENNY DART 2330 LIBAL ST. 54301

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: JILL SEDLACEK 3280 LANCELOT LN
54301

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

(a) Street number 130 ST. MATTHEW ST.

(b) Lot _____ Block _____

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

(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 ST. MATTHEW CHURCH Picnic

(b) Dates of event 6-6-2015 AND 6-7-2015

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.

ST. MATTHEW CHURCH
(Name of Organization)

Officer Jill Sedlacek 4-16-15
(Signature/date)

Officer _____
(Signature/date)

Officer X Penny Dart
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____