

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: Hops on the Hill.

Date(s) of Event: 7/23/15

Time(s) of Operation: 6:00 PM - 9:00 PM

Location of Event: Heritage Hill 2640 S. Webster Ave.

Approx. # of people attending 700

Security Provisions (DEO Officer will need to sign off after consultation)  
All ids will be checked. / staff patrol area

R. Zeman #205  
Heritage Hill  
Name of Applicant: Sue Storz Phone #: 920-448-5150

Address of Applicant: 260 2640 S. Webster Ave Green Bay WI 54301

Reason for Noncompliance with Noise Ordinance: music for fund raising event.

Describe steps applicant can reasonably take to minimize noise:  
band stops playing @ 9:00 pm.

Equipment and Operation involved: musical equipment from the band.

Place on the \_\_\_\_\_ Village Board agenda.

Name of responsible person who will be in attendance at event: Sue Storz

Contact phone #: 920-660-6947 Site Contact phone #: 448-5150 x103

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

Sue Storz 8/6/15  
Applicant's Signature Date Signed

Please refer to the Village of Allouez Noise Ordinance

S. Storz @ heritage hill gb. org

R# 93851  
6/12/15 } \$30.00

### 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: \_\_\_\_\_

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 July 23 2015 and ending July 23 2015 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. 6-9:00pm.

**1. ORGANIZATION** (check appropriate box)  Bona fide Club  Church  Lodge/Society  Veteran's Organization  Fair Association

(a) Name Heritage Hill State Historical Park

(b) Address 2640 S. Webster Ave Green Bay, WI 54301  
(Street)  Town  Village  City

(c) Date organized May 1977

(d) If corporation, give date of incorporation Oct. 1978

(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 Dan Rogo 2759 Breckview Dr. Green Bay, WI 54301

Vice President Gene Hackbart 933 Oakdale Ave Green Bay, WI 54114

Secretary Jim Benrich 212 Troquors Ave Green Bay, WI 54301

Treasurer Mike Wisniewski 2800 Castle Hill Lane Green Bay, WI 54301

(g) Name and address of manager or person in charge of affair:  
Sue Storer 2437 Kimberly St. Green Bay, WI 54313

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

(a) Street number 2640 S. Webster Ave. Green Bay, WI 54301

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

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

(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 Hops on the Hill

(b) Dates of event July 23 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.

Officer Mike Wisniewski  
(Signature/date)

Officer James Benrich  
(Signature/date)

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

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

Heritage Hill State Historical Park  
(Name of Organization)

Officer Gene Hackbart  
(Signature/date)

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

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

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