

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 Altoveez 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 12/8/15 5:00^{pm} and ending 12/8/15 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 Altoveez Business Association Inc

(b) Address 1950 S Webster Ave, Green Bay WI 54301
(Street) Town Village City

(c) Date organized 6/24/09

(d) If corporation, give date of incorporation 6/24/09

(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 Gail M Van Driel - 2330 Riverside Dr, Green Bay WI 54301

Vice President Jessica Diederich 1901 S. Oneida St. Green Bay WI 54304

Secretary Thomas Schrader 2500e VanBeek Road Green Bay WI 54311

Treasurer Mary deChamps - 1950 S. Webster Ave Green Bay WI 54301

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

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD: Green Isle Park Pavillion

(a) Street number 2500 Greene 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 ABA Holiday Party

(b) Dates of event 12/8/15

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 Gail M Van Driel 8/18/15
(Signature/date)

Officer Jim Durbili 8/18/15
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Altoveez Business Association Inc
(Name of Organization)

Officer Mary deChamps 8/18/15
(Signature/date)

Officer Thomas Schrader 8/18/15
(Signature/date)

Date Reported to Council or Board _____

License No. _____