

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

Application Date: 9-27-17

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 October 7 5:00 PM and ending 7:00 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
 - Chamber of Commerce or similar Civic or Trade Organization
 - Veteran's Organization
 - Fair Association

(a) Name Resurrection Catholic Parish

(b) Address 333 Hilltop Dr. Green Bay, WI 54301
(Street) Town Village City

(c) Date organized 9/1963

(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 Bishop Robert Morneau

Vice President _____

Secretary Mary Burich

Treasurer Michael Simmer

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

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 333 Hilltop Dr., Green Bay, WI 54301

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Cafeteria, Gathering Area, Welcoming Center

(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 Brats, Beer & Bingo

(b) Dates of event Oct 7, 2017

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.

Resurrection Catholic Parish
(Name of Organization)

Officer _____
(Signature/date)

Officer Robert R. Morneau
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 9/26/17

Date Reported to Council or Board _____

Date Granted by Council _____

License No. 2017-09