

R#67330
3/18/18 > \$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 \$ 20.20

Application Date: 2/25/2018
County of BROWN

☐ Town ☒ Village ☐ City of ALLOUEZ

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 4/21/18 and ending 4/21/18 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 HANDS & HEARTS WITH HAITI - ST. MATTHEW PARISH

(b) Address 130 ST. MATTHEW ST ALLOUEZ
(Street) ☐ Town ☒ Village ☐ City

(c) Date organized 2011

(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 CARLA LINSSEN 821 Bolus St. De Pere 54115
Vice President CLARE SPITTLER 9648 Scatsdale Dr Broadview Hts
Secretary KAREN DENNEY 346 ROLLING GREEN DR 54313 Ohio
Treasurer MARY VAN DEN HEUVEL 1435 HOFFMAN RD GR 54311

(g) Name and address of manager or person in charge of affair: KAG SCHUMACHER
514 FLORAL DRIVE 54301

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 130 ST. MATTHEW STREET

(b) Lot _____ Block _____

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

(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: "CHURCH HALL" LOWER LEVEL UNDER ST. MATTHEW SCHOOL Gym/MULTI PURPOSE FACILITY.

3. Name of Event

(a) List name of the event TASTE OF HAITI

(b) Dates of event APRIL 21, 2018

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 Maureen Durney (Signature/date)
Officer Mary VanDenHeuvel (Signature/date)

Officer Carla Linszen (Signature/date)
Officer _____ (Signature)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

5:30pm -
10:00pm
time ↗