

Application for Temporary Class "B" / "Class B" Retailer's License

R# 74494 } \$10.00
5/7/18 } (recurring event)

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 5-7-18

☐ Town ☒ Village ☐ City of ALCOUEZ

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 11:00 AM and ending 5:00 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 ST. MATTHEW 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 PENNY DART 2330 LIBAL ST. 54301

Vice President _____

Secretary MARGARET BATCHELOR 601 TERRAVIEW DR, 54301

Treasurer _____

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

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 ST.

(b) Lot _____ Block _____

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

(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: (Temp. Operators License held by Dick VanLangendon)

3. Name of Event

(a) List name of the event ST. MATTHEW CHURCH PICNIC

(b) Dates of event 6-3-18

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 Penny Dart 5-7-18
(Signature/date)

Officer Margaret Batchelor 5-7-18
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Reported to Council or Board _____

License No. _____