

R# 92529
9/24/18 } \$20!

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: 9/24/18

☐ 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 11/10/18 5 pm and ending 11/10/18 11 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/school ☐ Lodge/Society

☐ Chamber of Commerce or similar Civic or Trade Organization

☐ Veteran's Organization ☐ Fair Association

(a) Name Father Allouez Catholic School / (annual auction)

(b) Address 333 Hilltop Dr. Green Bay WI 54301

(Street)

☐ Town ☒ Village ☐ City

(c) Date organized 2016

(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 Kathy Gell 2539 Martha Ave Green Bay WI 54301

Vice President B. Gell 2021 E. Higgins Hill, De Pere, WI 54115

Secretary James H. Bonkowski 840 S. Quincy St, Green Bay, WI 54301

Treasurer Donna Holman 1027 S. Van Buren St. GB, WI 54301

(g) Name and address of manager or person in charge of affair: TERESA ADLER 333 Miramar Dr. GB 54301
TINA LUTZ 1533 Rustic Ridge Ct GB 54311 (event CO-CHAIRS)

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? 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: all of gym, entry room to gym, hallway/restrooms off entry adjacent to gym.

3. Name of Event

(a) List name of the event Father Allouez Catholic School Gala Auction gym.

(b) Dates of event 11/10/2018

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 Kathy Gell 9/19/18
(Signature/date)
Officer B. Gell 9/19/18
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

(Name of Organization)
Officer James H. Bonkowski 9/19/18
(Signature/date)
Officer Donna Holman 9/19/18
(Signature/date)

Date Reported to Council or Board _____

License No. _____