

#32

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 \$ _____
☐ Town ☒ Village ☐ City of Altonet

Application Date: _____
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 1/26/19 4pm and ending 1/26/19 8pm 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. Matt Hew's Catholic Church
(b) Address 130 St. Matthew's St., GREEN BAY, WI 54301
(Street) ☐ Town ☐ Village ☐ City

(c) Date organized 1922

(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 FATHER BOB KABAT

Vice President BUSINESS ADMINISTRATOR PENNY DART

Secretary TRUSTEE WAYNE WICKLACE

Treasurer TRUSTEE CRAIG LIEGER

(g) Name and address of manager or person in charge of affair: TODD ERICKSRUD, 1720 SPRING HILLS W, DE PERE, WI 54115

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's St., GREEN BAY, WI 54301

(b) Lot _____ Block _____

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

(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 ATHLETIC BOOSTER CLUB CABW FEVER COOKOUT

(b) Dates of event 1/26/2019

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 
(Signature/date)

St. Matthew's Catholic Church
(Name of Organization)
Officer _____
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____