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

| See Additional Information on reverse side. Contact the munic | |
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| FEE \$ 10,00 | Application Date: 1/7/2019 |
| Town X Village City of Allouez | County of Brown |
| The named organization applies for: (check appropriate box(es).) X A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats. X 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 3/7/19@4PM and ending 3/7/19@10 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) → X Bona fide C Chamber o | f Commerce or similar Civic or Trade Organization |
| (a) Name St. Matthew's Men's Club | |
| (b) Address 130 St. Matthews Street, Green Bay, V | VI 54301 |
| (Street) | ☐ Town ☐ Village ☒ City |
| (c) Date organized 1965 | • |
| (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: X | |
| (f) Names and addresses of all officers: President Doug Hutchison, 1419 S. Irwin, Green Bay, WI 54301 | |
| Vice President Robert Olson, 1716 11th Avenue, Green Bay, WI 54304 | |
| Secretary Pete Kirschling, 2036 Spring Creek Circle, Green Bay, WI 54311 | |
| Treasurer Pete Kirschling, 2036 Spring Creek Circle, Green Bay, WI 54311 | |
| (g) Name and address of manager or person in charge of affair: | |
| Sean Ryan, 1971 Prescott Place, De Pere, W | |
| 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. Matthews Street, Green Bay, WI 54301 (b) Lot Block | |
| (b) Lot | |
| (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 St. Matthew's Men's Club Wild Game Feed (b) Dates of event March 7, 2019 | |
| | |
| DECLARATION The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this applica- | |
| tion is true and correct to the best of their knowledge and belief | St. Matthews Men's Club (Name of Organization) |
| Officer / (Signature/date) | Officer 1-4-2019 Secretary & Treasurer (Signature/date) |
| Officer (Signature/date) 1-4-2019 | Officer(Signature/date) |
| Vice President Output Date Filed with Clerk Output Discrete Filed with Clerk | Date Reported to Council or Board |
| Date Granted by Council YCCOVING EVENT | License No. |
| AT-315 (R. 6-16) R# 1065+5 1/8/19 | \$10.00 Wisconsin Department of Revenue |