

## 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 \$ 10.00

Application Date: 1/29/19  
County of Brown

Town  Village  City of Altoona

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 5:30 4/27/19 and ending 9:00 4/27/19 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. Matthews Parish

(b) Address 130 St. Matthews 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 MARY VAN DEN HEUVEL 1435 HOFFMAN RD.  
 Vice President CARLA LINSSEN CRYSTAL LAKE S  
 Secretary N/A  
 Treasurer KAREN DENNEY

(g) Name and address of manager or person in charge of affair: KAY SCHUMACHER  
514 FLORAL DR. G.B 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. Matthews Green Bay WI 54301

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

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

(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: Lower Level Church basement

3. Name of Event Taste of Haiti Dinner

(a) List name of the event \_\_\_\_\_

(b) Dates of event 4/27/19

### 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 Mary Van den Heuvel (Signature/date) HANDS AND HEARTS WITH HAITI (Name of Organization)  
 Officer Karen Denney (Signature/date)

Officer Carla Linszen (Signature/date) \_\_\_\_\_ (Signature/date)

Date Filed with Clerk 2/13/19 Date Reported to Council or Board recurring event

Date Granted by Council na License No. \_\_\_\_\_

R# 111415 2/13/19 \$20.00