

#3E

# 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: 8-18-2022

☐ Town ☒ Village ☐ City of Albuez

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 4:00pm and ending 8:00pm 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  
☐ Veteran's Organization ☐ Fair Association or Agricultural Society  
☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Resurrection Catholic Parish

(b) Address 333 Hilltop Drive Green Bay WI 54301  
 (Street) ☐ Town ☐ Village ☐ City

(c) Date organized 9-7-1963

(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 Susan Perrault

Vice President Tony Pichler

Secretary Kevin De Cleene

Treasurer Mike Donart

(g) Name and address of manager or person in charge of affair: Rev. Thomas J. Reynebeau  
333 Hilltop Drive Green Bay WI 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 333 Hilltop Drive 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: Family Activity Center & parking lot

## 3. Name of Event

(a) List name of the event Res Reunion

(b) Dates of event Saturday September 10, 2022

## DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Susan Perrault  
 (Signature / Date)

Resurrection Catholic Parish  
 (Name of Organization)

Date Filed with Clerk 8-18-2022

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_