

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

#6

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10

Application Date: _____

☐ Town ☒ Village ☐ City of AllouezCounty 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 9/24/22 and ending 9/25/22 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 St. Matthew 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 Ann Froelich 418 Silver Spring Dr GB 54303Vice President Peggy George 630 Brookridge St. GB 54301

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: Ann Froelich

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 St 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: 9/24/22 = lower level, church basement9/25/22 = Church parking lot

3. Name of Event

(a) List name of the event St. Matthew 100th Anniversary(b) Dates of event 9/24/22 - 9/25/22

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 Ann Froelich Aug. 3, 2022 St. Matthew Parish
(Signature / Date) (Name of Organization)Date Filed with Clerk 8.8.2022

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____