

## 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 \$ \_\_\_\_\_

Application Date: **January 6, 2023**

☐ Town ☒ Village ☐ City of **Allouez**

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 **3/2/23 @ 4 pm** and ending **3/2/23 @ 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) →

- ☐ 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 **Sean Ryan**

(b) Address **1971 Prescott Place, De Pere, WI 54115**  
(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: ☒

(f) Names and addresses of all officers:

President **Bob Olson, 1716 11th Avenue, Green Bay, WI 54304**

Vice President **Greg Simonson, 3010 Grande Rue, Green Bay, WI 54301**

Secretary **Peter Kirschling, 2036 Spring Creek Circle, Green Bay, WI 54311**

Treasurer **Peter 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, 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 **St. Matthew's School, 2575 S Webster Ave, Green Bay, WI 54301**

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

(c) Do premises occupy all or part of building? **Gymnasium and downstairs common area**

(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 **Thursday, March 2, 2023**

### 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

  
**Bob Olson**  
(Signature / Date)

**St. Matthew's Parish Men's Club**  
(Name of Organization)

Date Filed with Clerk **1-10-2023**

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

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

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