

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: 1-25-19

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 5-7 PM Fridays March 22+29 April 5 and 12th and ending _____ 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.

- i. 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 SR Resurrection Catholic Parish

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

(c) Date organized _____

(d) If corporation, give date of incorporation 9/1903

(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 FR Tim Shilcox

Vice President _____

Secretary Mary Burich

Treasurer Paul Defect

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

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

(b) Lot _____ Block _____

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

(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: School Cafeteria and Kitchen - Lower Level

3. Name of Event

(a) List name of the event Lenten Fish Fry

(b) Dates of event March 22nd + 29th and April 5th + 12th 2019

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 [Signature]
(Signature/date)

Resurrection Catholic Parish
(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 01/25/19

Date Reported to Council or Board _____

Date Granted by Council recurring

License No. _____