

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: 3-5-24

Town Village City of POBENVILLE

County of _____

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 AM and ending 6 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
 Chamber of Commerce or similar Civic or Trade Organization
 Veteran's Organization Fair Association

(a) Name VERONA WILDCAT YOUTH HOCKEY ASSOC

(b) Address 4518 VERONA AVE
(Street) Town Village City

(c) Date organized OCT 95

(d) If corporation, give date of incorporation OCT 95

(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 JASON MATTLA 4-13-77 818 MAPLE RD VERONA WI 53793
Vice President JUSTIN TEMPLE 11-15-77 1108 GATEWAY PARK VERONA WI 53578
Secretary MEREDITH GABLER 325 MILITARY RIDGE VERONA WI 53595
Treasurer JOE GASTEL 12-26-68 936 ANN ST POBENVILLE WI 53508

(g) Name and address of manager or person in charge of affair: MICHAEL OBRIEN
2821 ALLEGHENY DR MADISON WI 53719

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 HAWK PARK SHELTER

(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: _____

3. Name of Event

(a) List name of the event DAIRYLAND DAZE

(b) Dates of event AUG 3 2024

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 Justin Temple
(Signature/date)

VERONA WILDCAT YOUTH HOCKEY ASSOC
(Name of Organization)
Officer Justin Temple
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____