



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: 1-6-22

☐ Town ☐ Village ☒ City of Kaukauna

County of Outagamie

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 4-1-22 and ending 4-3-22 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

☐ Chamber of Commerce or similar Civic or Trade Organization

☐ Veteran's Organization ☐ Fair Association

(a) Name HOLY CROSS PARISH / ST. JOSEPH'S SCHOOL

(b) Address 309 DESNOYER ST. / 200 DORY ST.
(Street) ☐ Town ☐ Village ☐ City

(c) Date organized 1890's

(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 MYRON GEISER

Vice President TONY ASHAUER

Secretary JANE VANDERKORT

Treasurer LEE VANDER SANDEN

(g) Name and address of manager or person in charge of affair: LEE H. VANDER SANDEN
616 SHERIDAN ST. KAUKAUNA, WI 54130

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 200 DORY ST., KAUKAUNA, WI 54130

(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: GYM / LOBBY / CAFETERIA

3. Name of Event

(a) List name of the event HOLY CROSS MEN'S OPEN

(b) Dates of event 4-1-22 4-2-22 4-3-22

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)

Officer _____
(Signature/date)

Date Filed with Clerk 01-06-22

Date Granted by Council _____

ST. JOSEPH'S ATHLETIC ASSOCIATION
(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Reported to Council or Board 01-17-22

License No. _____