

Rec'd 7-24-23
Council 8-1-23

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 Fee paid w/ original brat fry date application Application Date: _____

☐ 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 _____ 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.

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 St. Paul Elder Services, Inc.

(b) Address 316 E. Fourteenth St Kaukauna WI 54130
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 9-16-23

(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 Sondra Worder

Vice President Becky Reichelt

Secretary Annie Johnson

Treasurer Amber Schroeder

(g) Name and address of manager or person in charge of affair: Josic Troullier - 316
E Fourteenth 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 316 E. Fourteenth St. Kaukauna

(b) Lot Main parking 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:

all of the building.

3. Name of Event

(a) List name of the event Brat Fry / car show / Alzheimer's

(b) Dates of event 8-21-23 8-28-23 (rain check)

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.

St. Paul Elder Services
(Name of Organization)

Officer

Annie Johnson 7-24-23
(Signature/date)

Officer

(Signature/date)

Officer

Brat Fry 07/24/23
(Signature/date)

Officer

(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____