

SEP 9 2024

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: 9/9/2024

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 Oct 27th 2024 and ending Oct 27th 2024 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 Holy Cross Church

(b) Address 309 Desnoyer St. Kaukauna, WI
(Street) Town Village City

(c) Date organized Jan 2024

(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 _____

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: Lawrence Ortner, 306 Fillmore 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 309 Desnoyer St. Kaukauna, WI 54130

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Below Gym / Cafeteria 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: Below Gym / Cafeteria Area

3. Name of Event

(a) List name of the event OKtoberfest

(b) Dates of event Oct 27th 2024

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 Jeremy Schmal
(Signature / Date)

Holy Cross Parish
(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____