

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: 3/15/23

☐ 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 June 8, 2023 and ending June 10, 2023 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 Oshkosh Area Community Pantry

(b) Address 2551 Jackson St. Oshkosh WI 54901
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 11/17/2008

(d) If corporation, give date of incorporation 9/30/2009

(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 Jennifer Heim 3387 Rosewood Ln. Oshkosh WI 54904

Vice President Rachel Hansen 344 Oak Manor Dr. Oshkosh WI 54904

Secretary Tracy Frost 1675 Brentwood Dr. Oshkosh WI 54904

Treasurer Karen Gram 1605 Crestview Dr. Oshkosh WI 54904

(g) Name and address of manager or person in charge of affair: Ryan Rasmussen 2630 Templeton Pl
Oshkosh WI 54904

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 100 Crooks Ave, Hydro Park & surrounding area, and Farm Market Parking Lot.

(b) Lot _____ Block and 1 block of W. 2nd St.

(c) Do premises occupy all or part of building? N/A

(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: N/A

3. Name of Event

(a) List name of the event Electric City Experience

(b) Dates of event June 8-10, 2023

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.

Oshkosh Area Community Pantry
(Name of Organization)

Officer [Signature] 3/15/23
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____