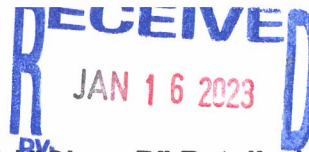


→ PD 1-20-23



## 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

Application Date: 1-16-23

☐ 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 FEB 11<sup>TH</sup> and ending FEB 11<sup>TH</sup> 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. IGNATIUS ANTIKATHOLIC ASSOCIATION (HOLY CROSS PARISH)

(b) Address 220 DOTY ST., KAUKAUNA, WI 54130  
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1886

(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 GAESE

Vice President TONY ABRAHAM

Secretary JANE VANDEVOORT

Treasurer LEE H. 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 220 DOTY ST., KAUKAUNA

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? CATERIA (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: LOWER FLOOR = CATERIA

### 3. Name of Event

(a) List name of the event "THAT CHAVE THING"

(b) Dates of event FEB 11<sup>TH</sup>, 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.

Officer [Signature] 1-16-23  
(Signature/date)

\_\_\_\_\_  
(Name of Organization)

Officer \_\_\_\_\_  
(Signature/date)

Officer \_\_\_\_\_  
(Signature/date)

Officer \_\_\_\_\_  
(Signature/date)

Date Filed with Clerk 1/16/23 RECEIVED 6677

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_