

## 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: 6-13-23

☐ 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 6-28-23 and ending 6-28-23 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 \_\_\_\_\_

(d) If corporation, give date of incorporation 9-16-1943

(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 Sandra Norder

Vice President Becky Reichelt

Secretary Annie Johnson

Treasurer Amber Schroeder

(g) Name and address of manager or person in charge of affair: Courtney Tienor  
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: \_\_\_\_\_

### 3. Name of Event

(a) List name of the event Brat Fry - Alzheimer's Fundraiser

(b) Dates of event \_\_\_\_\_

### 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] 6.13.23  
(Signature/date)

Officer [Signature] 6.13.23  
(Signature/date)

Date Filed with Clerk \_\_\_\_\_

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

St. Paul Elder Services  
(Name of Organization)

Officer [Signature] 6.13.23  
(Signature/date)

Officer Amber R Schroeder 6/13/23  
(Signature/date)

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

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