

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: 5.24.2022

☐ 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 15 4pm and ending June 15 10pm 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 - 501(c) 3
☐ Veteran's Organization ☐ Fair Association

(a) Name Center for Suicide Awareness
(b) Address 181 W. Wisconsin Ave Kaukauna WI 54130
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 3-2014

(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 Aaron Wanserski - 181 W. Wisconsin Ave Kaukauna 54130

Secretary Kaye Krueger - 181 W. Wisconsin Ave Kaukauna 54130

Treasurer

(g) Name and address of manager or person in charge of affair:

Barb Bigalke - 181 W. Wisconsin Ave Kaukauna 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 Hydro Park - 100 Crooks Ave - Kaukauna 54130

(b) 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 Live Hydro Park Concert Series

(b) Dates of event June 15 2022

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 Barb Bigalke
(Signature/date)

Officer Kaye Krueger
(Signature/date)

Date Filed with Clerk

Date Granted by Council

Center for Suicide Awareness
(Name of Organization)

Officer [Signature]
(Signature/date)

Officer [Signature]
(Signature/date)

Date Reported to Council or Board

License No.