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 \$ \0.00	Application Date: 2/24/25
☐ Town ☐ Village ☐ City ofKaukauna	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 Turel, 2025 and ending Aug 31, 2025 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 ☐ Veteran's Organ	☐ Church ☐ Lodge/Society nization ☐ Fair Association or Agricultural Society
	mmerce or similar Civic or Trade Organization organized under
(b) Address	
(Street)	☐ Town ☐ Village ☐ City
(c) Date organized June 1936	
 (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: X 	
(f) Names and addresses of all officers:	5. (1. D.) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
President Al Mede WS904 Cast	en Lity Dr. Appleton, wo 54915 an St. Appleton, we 54915
Secretary Katee Goff N9440 E	de St. Appleton 101 54915
Treasurer Dennis Without 1905 This	elen Ave. Kantanna, 101 54132
(g) Name and address of manager or person in charge of affair:	
238, Fairway Dr. Kaulaung Le	
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 144000 Park 106 Crooks Avc. (b) Lot Block	
(b) Lot	Block
(c) Do premises occupy all or part of building? Yes	
(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: Covered Shelter Oirea adjacent to bethrooms.	
3. Name of Event (a) List name of the event Hydro Live Concert Series, Kankaura City River Jan. (b) Dates of event Hydro-June 11, 18, 25, July 2, 9, 16, 23, 30, Aug. 6, 13;2025	
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River Jan June 20-21, 2025 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 Slew (Signature / Date)	Kankauna Lions Club (Name of Organization)
Date Filed with Clerk	Date Reported to Council or Board
Date Granted by Council	License No
AT-315 (R. 9-19)	Wisconsin Department of Revenue

AT-315 (R. 9-19)