

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 \$ _____

Application Date: 01/14/2025

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 08/02/2025 and ending 08/02/2025 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 Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Fox Cares Foundation

(b) Address 3401 E Calumet St. Appleton WI 54915
(Street)

Town Village City

(c) Date organized 06/16/2016

(d) If corporation, give date of incorporation 06/16/2016

(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 John Wanle 3524 S. Bobolink Lane, Appleton, WI 54915

Vice President James Kilsdonk 772 Blackmoor Circle, Neenah, WI 54956

Secretary Ryne Lodi 3 Reef Ct. Appleton, WI 54915

Treasurer James Kilsdonk 772 Blackmoor Circle, Neenah, WI 54956

(g) Name and address of manager or person in charge of affair: Cathy Harvath - Fox Cares Foundation Executive Director.
3401 E Calumet St. Appleton WI 54915

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 Grignon Mansion 1313 Augustine Street Kaukauna, WI 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: Front Lawn only, not inside premises

3. Name of Event

(a) List name of the event Bike To The Beat

(b) Dates of event 08/02/2025

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 _____

(Signature / Date)

Fox Cares Foundation

(Name of Organization)

Date Filed with Clerk 2/27/2025

Date Reported to Council or Board 3/4/2025

Date Granted by Council _____

License No. _____