

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: 2-13-25

☐ 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 3-28-25 and ending 3-30-25 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 HOLY CROSS MEN'S OPEN

(b) Address 220 DOTY ST., KAUKAUNA WI 54130

(Street)

☐ Town

☐ Village

☒ City

(c) Date organized 1800's

(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 GIESER

Vice President TONY ASHAUER

Secretary JANE VANDEVOORT

Treasurer LEE H. VANDER SANDEN

(g) Name and address of manager or person in charge of affair: LEE H. VANDER SANDEN

666 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.

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? 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: GYM, LOBBY, CATERING AREA

3. Name of Event

(a) List name of the event HOLY CROSS MEN'S OPEN

(b) Dates of event MARCH 28, 29, 30 TH 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.

Office [Signature]

(Signature / Date)

2-13-25

ST. IGNACE ATHLETIC ASSOCIATION

(Name of Organization)

Date Filed with Clerk 2-13-25 CS#5952

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____