

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: 05-10-2023

Town Village City of Richland Center County of Richland

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 _____ and ending _____ 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

(a) Name SW Partners Inc dba Richland Rejuvenates

(b) Address PO Box 651 Richland Center WI 53581
(Street) Town Village City

(c) Date organized 03-03-2016

(d) If corporation, give date of incorporation WI

(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 Michael Breininger 24810 Mourning Dove Ln Richland Ctr WI 53581

Vice President Dale Bender PO Box 244, Richland Ctr WI 53581

Secretary Liz Perkins 23009 Cty Hwy AA, Richland Ctr WI 53581

Treasurer Michael Cosgrove, 25218 Cty Hwy Y, Richland Ctr WI 53581

(g) Name and address of manager or person in charge of affair: _____
Michael Cosgrove, 25218 Cty Hwy Y, Richland Ctr WI 53581

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number Krouskop Park 1100 N Jeferson Street, Richland Ctr WI 53581

(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 RC Thunderfest

(b) Dates of event 06-24-2023

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/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

Southwest Partners Inc dba Richland Rejuvenates
(Name of Organization)

Officer [Signature] 5-10-2023
(Signature/date)

Officer _____
(Signature/date)

Date Reported to Council or Board _____

License No. _____