

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: 3/2/2023

☐ Town ☐ Village ☒ City of RICKLAND CENTER

County of RICKLAND

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 4-29-2023 and ending 4-29-2023 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

☐ Veteran's Organization

☐ Fair Association

(a) Name St. Mary of the Assumption

(b) Address 160 W FOURTH ST. RICKLAND CENTER, WI 53581
(Street) ☐ Town ☐ Village ☐ City

(c) Date organized _____

(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 _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: MONSIGNOR ROGER J. SCHECKEL

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 1050 N. ORANGE ST. RICKLAND CENTER, 53581

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? SENIOR CENTER

(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 24th ANNUAL SPORTSMAN'S EXTRAVAGANZA 2023

(b) Dates of event _____

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.

St. Mary of the Assumption Catholic Church
(Name of Organization)

Officer [Signature] 2/28/2023
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 3/2/2023

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Certificate of Coverage

Date: 2/28/2023

Certificate Holder
Diocese of La Crosse
Finance Office
3710 East Avenue South
La Crosse, WI 54602-4004

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Covered Location
ASSUMPTION OF THE BLESSED
VIRGIN MARY PARISH
160 W FOURTH STREET
RICHLAND CENTER, WI 53581-0000

Company Affording Coverage
THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability	8408	1/1/2023	1/1/2024	Each Occurrence	
<input checked="" type="checkbox"/> Occurrence				General Aggregate	1,000,000
<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
				Personal & Adv Injury	
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
Excess Liability				Each Occurrence	
				Annual Aggregate	
Other				Each Occurrence	
				Claims Made	
				Annual Aggregate	
				Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)
Coverage is verified for claims arising from St. Mary's Festival ("picnic" license to serve beer at the event) on April 29, 2023 being held at 1050 N. Orange St. Richland Center, 53581.

Holder of Certificate

Cancellation

City of Richland Center
450 S. Main St.
Richland Center, WI 53581

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

Michael A. Johnson

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