

## 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 \$

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Application Date:

4-14-23

☐ Town

☐ Village

☒ City of

Watertown

County of

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 6-24-23 and ending 6-24-23 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

Carol Quest

(b) Address

1220

Allermann Dr

Watertown

☐ Town

☐ Village

☒ City

(c) Date organized

6-24-23

(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

Carol Quest

Vice President

Dr. Dorene Rouse

Secretary

Elizabeth Chilsen

Treasurer

Roberta Farnham

(g) Name and address of manager or person in charge of affair:

Carol Quest

### 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

Riverside Park

(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

Town Day Goose Bike Ride

(b) Dates of event

6-24-23

### 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

Carol Quest 4-14-23

(Signature / Date)

Rock River Community Clinic

(Name of Organization)

Date Filed with Clerk

4-14-23

Date Reported to Council or Board

Date Granted by Council

License No.