

49

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 Green Bay Wis., June 20 13

To the governing body of the

Town of  
 Village of  
 City of Howard County of Brown

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. Stat.

at the premises described below during a special event beginning July 27 and ending July 28 and agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (Bona fide club, church, lodge or society, veteran's organization or fair association):

- (a) Name NWSL  
(b) Address PO Box 12463 Green Bay WI 54307-2463  
Street  Town  Village  City  
(c) Date organized July 1996  
(d) If corporation, give date of incorporation \_\_\_\_\_  
(e) Names and addresses of all officers:  
President Barry Mel. He 3715 Weysside Road WI 54126  
Vice President Jeff Senkovich 1862 Bond St Green Bay 54303  
Secretary Tony Denzin 1030 Hollytree Ln Fond du Lac WI 54935  
Treasurer Sue Vanden Huerfel  
(f) Name and address of manager or person in charge of affair: \_\_\_\_\_

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

- (a) Street number AK20 Nebel 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: FIELDS 2, 3, 6, 7, 8, 9 & 10

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.

NWSL  
Name of organization  
Officer Barry Mel. He  
(Signature)  
Officer [Signature]  
(Signature)

REC'D JUN 05 2013

Date Filed \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

Date Approved \_\_\_\_\_

License No. \_\_\_\_\_