

5e

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

Application Date: 19 Aug 13

Town Village 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. Stats.

at the premises described below during a special event beginning Sept 28, 2013 and ending Sept 29, 2013 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 Beja Shrine

(b) Address 1950 Bond st.
(Street) Town Village City

(c) Date organized 7/4/1985

(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 John Sage

Vice President Nick Brosig

Secretary Dennis Korth

Treasurer David Oshelsky

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

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

(a) Street number 1950 Bond Street

(b) Lot _____ Block _____

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

(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 Beja Bicycle Bash / Models Monsters f Motors

(b) Dates of event Sept 28-29

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]
(Signature/date)

Officer [Signature]
(Signature/date)

Beja Shrine
(Name of Organization)

Officer [Signature]
(Signature/date)

Officer [Signature]
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

 **WISCONSIN** 

DRIVER LICENSE Regular

0212-6327-4506-05 

Class: D Endorsements

Sex: F **Hair: BRO** **Eyes: HAZ** **Height: 5'07"** **Weight: 175**

DOB: 01-06-1974 **Issued: 01-06-2009**
Expires: 01-06-2017

NECOLE L OSHEFSKY
2053 SHADY LN
GREEN BAY, WI 54313

Necole L Oshefsky