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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: 7-17-13
 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 2pm and ending 10:30 pm 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 Symbo Pub. Grub 6660-7984
- (b) Address 2334 Velp Ave Green Bay WI 54313
(Street) Town Village City
- (c) Date organized Sept 7 2013
- (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 Ben Symer 1595 Mason Wood Ct GB WI 54313
Vice President _____
Secretary _____
Treasurer _____
- (g) Name and address of manager or person in charge of affair: Ben Symer 1595 Mason Wood Ct GB WI 54313

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:
- (a) Street number 2317 Glendale Ave. GB WI 54313
- (b) Lot _____ Block _____
- (c) Do premises occupy all or part of building? None, Back yard
- (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 Bill Symer Memorial
- (b) Dates of event Sept 7 2013

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 Ben Symer 7-17-13 (Signature/date)
Officer _____ (Signature/date)

Bill Symer Memorial
(Name of Organization)

Officer _____ (Signature/date)

Date Filed with Clerk _____ Date Reported to Council or Board _____

Date Granted by Council _____ License No. _____