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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 $ _____ Application Date: 4-12-13

☐ 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 6/21/13 and ending 6/23/13 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 HOWARD Youth Sports Assc

(b) Address 2456 Glendale Ave *(Street)* ☐ Town ☐ Village ☒ City

(c) Date organized 1988

(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 Bill Monfre 3563 Abby Ct

Vice President _____

Secretary _____

Treasurer DAVE CUEDKE 1208 Copring Dr

(g) 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 Akzo Nobel 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 Girls Softball Tournament

(b) Dates of event 6-21 - 6-23-13

## 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.

_____ *(Name of Organization)*

Officer _____ *(Signature/date)* Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)* Officer _____ *(Signature/date)*

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

Date Granted by Council _____ License No. _____

AT-315 (R. 5-11) Wisconsin Department of Revenue