

5e

920) 217-7665 Andy Calhoun

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 \$ 10⁰⁰

Application Date: 8/24/12

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 Now and ending 6:00 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 Ligand 8

(b) Address 201 W. Washington Town Village City

(c) Date organized 9/23/12

(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 Andy Calhoun

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: Andy Calhoun 119 S. Clay St Green Bay WI 54301

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

(a) Street number 345 Village Ct. 54303

(b) Lot Duck Creek Golf Center 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 Ligand 8 Miniature Golf outing: Portion of Proceeds

(b) Dates of event 9/23 TO benefit Brown County Tavern League SAFE Ride Program

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] 8/24/12
(Signature/date)

Officer _____
(Name of Organization)
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 8/24

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

MAIL TO 119 S. CLAY ST. GB. 54301