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COPY

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 \$ 10.00

Application Date: 08/08/2012

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 09/12/2012 and ending 09/12/2012 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 N.E.W. Curative Rehabilitation, Inc.

(b) Address 2900 Curry Lane, Green Bay, WI 54308
(Street) Town Village City

(c) Date organized 07/02/1948

(d) If corporation, give date of incorporation 07/02/1948

(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 Ron Niesing, 1661 Remington Ridge Way, DePere, WI 54115

Vice President Anne Hale, 744 S Webster Ave, Green Bay, WI 54305

Secretary Mark Radtke, 1716 Lawrence Drive, De Pere, WI 54115

Treasurer Kevin Royea, 1900 S. Webster Avenue, Green Bay, WI 54301

(g) Name and address of manager or person in charge of affair: Peggy Collinsmith, P.O. Box 8027, Green Bay, WI 54308

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

(a) Street number 345 Village Court, Green Bay, WI 54303

(b) Lot _____ Block _____

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

(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: Duck Creek Golf Course & tent that will be put up for the event.

3. NAME OF EVENT

(a) List name of the event 5th Annual Ball-a-Palooza

(b) Dates of event September 12th, 2012

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 Ron Niesing 8/8/12
(Signature/date)

N.E.W. Curative Rehabilitation, Inc
(Name of Organization)

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. _____