

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 \$ _____ Wis., _____ 20_____

To the governing body of the

- Town of _____
 Village of Howard County of Brown
 City of _____

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. Stat.

at the premises described below during a special event beginning Oct 9 and ending Oct 9 and agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.
1-5 p.m.

1. ORGANIZATION (Bona fide club, church, lodge or society, veteran's organization or fair association):

- (a) Name Liquid 8 Andy Calhoun 217-7665
 (b) Address 201 N. Washington St. Town Village City
 (c) Date organized OCT 9
 (d) If corporation, give date of incorporation _____
 (e) Names and addresses of all officers:
 President Andy Calhoun 119 S. CLAY ST. Green Bay, WI 54304
 Vice President _____
 Secretary _____
 Treasurer _____
 (f) Name and address of manager or person in charge of affair: Andy Calhoun 119 S. CLAY ST. Green Bay WI 54311

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

- (a) Street number 345 Village Ct. 920498-2797
 (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: portion of proceeds 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.

Liquid 8
 Name of organization
 Officer [Signature]
 (Signature)
 Officer _____
 (Signature)

Date Filed 9/12/11

Date Reported to Council or Board _____

Date Approved _____

License No. _____