APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal cleri	
FEE \$ 10.00	Application Date: 5-10- 7017
☐ Town ☐ Village	County of WAVKETS HA
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 gather	erings under s. 125.51(10), Wis. Stats.
at the premises described below during a special event beginning	
to comply with all laws, resolutions, ordinances and regulations (state, and/or wine if the license is granted.	federal or local) affecting the sale of fermented malt beverages
1. ORGANIZATION (check appropriate box) Bona fide Club Church (a) Name WNW KS HA KIWAWIS	Lodge/Society Veteran's Organization Fair Association
(b) Address	-14661 1/00.00
(c) Date organized 1985	☐ Town ☐ Village ☐ City
(d) If corporation, give date of incorporation 3 4/80/19	0¢ >
(e) If the named organization is not required to hold a Wisconsin so box: ✓	
(f) Names and addresses of all officers:	
President TONW WITH I FORN	
Vice President MICHAR ORCM FO Secretary BONNIE DANNER	
Secretary BONNIE DANWER	
Treasurer SARDH MURPAY	
(g) Name and address of manager or person in charge of affair:	
2. LOCATION OF PREMISES WHERE REER AND/OR WINE WILL	3F SOLD:
(a) Street number FRAME PARK + W	DUR TENI
	Block
(c) Do premises occupy all or part of building?	
(d) If part of building, describe fully all premises covered under this cover:	application, which floor or floors, or room or rooms, license is to
A NAME OF EVENT	
3. NAME OF EVENT (a) List pame of the event WPRF OKT	100 K 17581
(b) Dates of event 9-21 9-29	3 = 17
3. NAME OF EVENT (a) List name of the event (b) Dates of event 3 - 10 8 - 10 DECLARAT	LION 10-11 DM CFXDM JA
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.	WAKETHA KIMMU ETARIS KISENS
Id HA Affi (Signatural date) DIRECTOS	Officer Bonita Dumer SEC 5/10/17 Bonita (Signature/data) anner
Officer(Signature/date)	Officer(Signature/date)
Date Filed with Clerk OS/10/2017	Date Reported to Council or Board
Date Granted by Council	icense No.
AT-315 (R. 5-11)	Wisconsin Department of Revenue