



City of Appleton

100 North Appleton Street
Appleton, WI 54911-4799
www.appleton.org

Meeting Agenda - Final Safety and Licensing Committee

Wednesday, August 16, 2023

6:45 PM

Council Chambers, 6th Floor

Special

1. Call meeting to order
2. Pledge of Allegiance
3. Roll call of membership
4. Approval of minutes from previous meeting

5. Public Hearing/Appearances

6. Action Items

[23-0989](#)

Temporary Class "B" Beer and "Class B" Wine License application for the Republican Party of Outagamie County, Carl D Kroes, Person in Charge, located at Pierce Park, 1035 W Prospect Ave, on August 23, 2023, contingent upon approval from the Police, Fire and Health departments.

Attachments: [Republican Party of Outagamie County Corn Roast S&L.pdf](#)

7. Information Items

8. Adjournment

Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.



"meeting community needs
.....enhancing quality of life"

FEES ARE NON-REFUNDABLE	Date Rec'd <u>08/10/2023</u>
License Fee - \$10.00 per event	Acct Code: CLCSPB
Investigation Fee + 7.00	Acct Code: CLCPIF
Total Amount Paid _____	Receipt _____

Application for Temporary Class "B" Beer or "Class B" Wine License

Application MUST be on file for 10 days prior to event, please allow 2-3 weeks for processing

The named organization applies for: (Please check one or both)

- A temporary Class "B" license to sell FERMENTED MALT BEVERAGES at picnics or similar gathering under s. 125.26(6) Wis. Stats.
- A temporary "Class B" license to sell WINE at picnics or similar gathering under s. 125.51(10) Wis. Stats. (Limit 2 licenses in a 12 month period)

SECTION 1 – ORGANIZATION INFORMATION – Answer all questions completely. Please PRINT clearly

Name of Organization (Bona fide club, lodge or society, veteran's organization or fair association) Republican Party of Outagamie County Date Organized _____

Address 2339 W Wisconsin Ave City Appleton State WI Zip 54914

Person in Charge of Event: Name: Last Kroes First Carl M. I. D Date of Birth REDACTED

Address 5024 N Meade St City Appleton State WI Zip 54913 Person in charge phone number: REDACTED

President Last Pam Van Handel First Pam Middle Initial _____ Date of Birth _____ Male Female

Address _____ City _____ State _____ Zip _____

Vice President Last Neubert First Dean Middle Initial _____ Date of Birth _____ Male Female

Address _____ City _____ State _____ Zip _____

Secretary Last Grisby First Eben Middle Initial _____ Date of Birth _____ Male Female

Address _____ City _____ State _____ Zip _____

Treasurer Last Kroes First Carl Middle Initial D Date of Birth REDACTED Male Female

Address 5024 N Meade St City Appleton State WI Zip 54913

SECTION 2 – EVENT INFORMATION SECTION

Date(s) of Event: Beginning 8/23/2023 Ending: 8/23/2023 Hours 1:00 AM/ PM 9:00 AM/ PM

Please describe the type of event you are going to have: Corn Roast

Do you plan to serve food at this event? No Yes If yes, contact the Appleton Health Department. (920.832.6429)

Location where beer or wine will be sold or served: Pierce Park Pavillion

Address 1035 W Prospect Ave City Appleton State WI Zip 54914

Describe actual location and dimensions of area to be licensed below:- **BE PRECISE!** Will minors be present? No Yes

Pierce Park Pavillion If yes, how will you prevent minors from obtaining alcoholic beverages? ID for all alcohol sales

SECTION 3 – PENALTY SECTION

This application must be on file in the Office of the City Clerk for at least ten (10) business days prior to granting the license. If the event will last more than four (4) days, the application shall be filed 15 days prior to the granting of the license. This organization also agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages if the license is granted. 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.

Signature of Officer Carl D Kroes

FOR OFFICE USE ONLY

Dept.	Approve	Deny	By	Reason
Police				
Fire				
Health				
S&L <u>08/16/2023</u>	Date Issued	Exp. Date	License Number	