APPLICATION FOR SPECIAL CLASS "B" RETAILER'S LICENSE TO SELL FERMENTED MALT BEVERAGES AT PICNICS OR GATHERINGS

Wisconsin Department of Revenue Inheritance and Excise Tax Bureau

(See Additional Information on reverse side)

Date Approved _____

To the governing body of the Town of Town of Town of Willage of County of State of Wisconsin, during a special even beginning and regulations (state, federal or local) affecting the sale of fermented malt beverages and wine coolers if the license is granted. 1. ORGANIZATION (Bona fide club, lodge or society, veteran's organization or fair association): (a) Name County of County of	FEE	\$	Wis.,	19
Town of Village of County of County of County of Village of City of County of Count		,		
Milage of County of County of		*		
Under the provisions of Sec. 125.26(6), Wis, Stats, the named organization applies for a special Class "B" license to sell fermented malt beverages and wine not more than 6% alcohol my volume at the premises described below in the				
matt beverages and wine not more than 6% alcohol my volume at the premises described below in the	\Box c	city of	County of	
of	Under	r the provisions of Sec. 125.26(6), Wis. Stats., the name	me at the premises described below in the	
and regulations (state, federal or local) affecting the sale of fermented malt beverages and wine coolers if the license is granted. 1. ORGANIZATION (Bona fide club, lodge or society, veteran's organization or fair association): (a) Name (b) Address Street Town Village City	of	, County of	, State of Wisconsin, during a spec	cial event beginning
1. ORGANIZATION (Bona fide club, lodge or society, veteran's organization or fair association): (a) Name	and re	and endingand ending	fermented malt beverages and wine coolers if the license	e is granted.
(a) Name				
Street Town Village City				
Color Colo	•			
(d) If corporation, give date of incorporation	`		☐ Town ☐ Village ☐	City
(e) Names and address of all officers: President Vice President Secretary Treasurer (f) Name and address of manager or person in charge of affair: 2. LOCATION OF PREMISES WHERE FERMENTED MALT BEVERAGES WILL BE SOLD: (a) Street number (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: If yes, give place and date of applications DECLARATION The president and secretary 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. Name of organization President (Signature)	(c) Date organized		
President Vice President Secretary Treasurer (f) Name and address of manager or person in charge of affair: 2. LOCATION OF PREMISES WHERE FERMENTED MALT BEVERAGES WILL BE SOLD: (a) Street number (b) Lot	(d	·		
Vice President	(e	,		
Secretary Treasurer (f) Name and address of manager or person in charge of affair:				
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3. Have you made application for more than one other Class "B" license for any other location in Wisconsin?				
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President(Signature) Secretary(Signature)		· · · · · · · · · · · · · · · · · · ·		information provided
President(Signature) Secretary(Signature)				
(Signature) Secretary(Signature)			Name of organization	
Secretary(Signature)				
(Signature)			President(Signature)	
(Signature)				
Date Reported to Council or Board			Secretary(Signature)	
Date Fried Date Freported to Council of Dodice	Date Filed		Date Reported to Council or Board	

License No.