

ORGANIZATION TYPE

- Bona Fide Club Church Lodge/Society Veteran's Organization
 Fair Association

NAME

ADDRESS

DATE ORGANIZED

____ / ____ / ____

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

NAMES AND ADDRESSES OF ALL OFFICERS:

(1) NAME (2) TITLE	ADDRESS

PERSON IN CHARGE OF EVENT

NAME	ADDRESS	PHONE

EVENT ADDRESS

DO PREMISES OCCUPY ALL OR PART OF BUILDING?

IF PART OF BUILDING, DESCRIBE FULLY ALL PREMISES COVERED UNDER THIS APPLICATION, WHICH FLOOR OR FLOORS, OR ROOM OR ROOMS, LICENSE IS TO COVER:

NAME OF EVENT

DATE OF EVENT

/ /

EVENT START

EVENT END

**TYPE OF
LICENSE**

Temporary Class "B" License to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis, Stats

Temporary Class "B" License to sell wine at picnics or similar gatherings under s. 125.51(10), Wis, Stats

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.

PAYMENT