

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 \$ 10.00

Application Date: 10/8/2010

Town of Village of City of Stoughton County of Dane

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 10/22 and ending 10/22 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. ORGANIZATION (Check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name STOUGHTON CHAMBER OF COMMERCE

(b) Address 532 E. MAIN ST. STOUGHTON WI
Street Town Village City

(c) Date organized _____

(d) If corporation, give date of incorporation 06/09/1947

(e) Names and addresses of all officers:

President TOM LUTTIG ~~90 TOWN...~~

Vice President RANDY OLSON ~~...~~

Secretary KARI MANSON HUAM ~~...~~

Treasurer CONNIE MATTHEWSON ~~...~~

(f) Name and address of manager or person in charge of affair: DAVID PHILLIPS, 532 E. MAIN ST. STOUGHTON

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

(a) Street number 2300 US HWY 51-138 (SPORTS ENHANCEMENT ACADEMY)

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? PART

(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: 2 B BALL COURTS

3. NAME OF EVENT

(a) List name of the event ANNUAL MEETING

(b) Dates of event 10/22/2010

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.

TL Officer [Signature]
(Signature/date)

RO Officer [Signature]
(Signature/date)

STOUGHTON CHAMBER OF COMMERCE
(Name of Organization)

KH Officer [Signature]
(Signature/date)

CM Officer [Signature]
(Signature/date)

Date Filed with Clerk 10/12/2010

Date Reported to Council or Board 10/12/2010

Date Granted by Council _____

License No. _____