CITY OF STOUGHTON

FEE: $30.00

SPECIAL EVENT LICENSE APPLICATION

I. APPLICANT

Name	Address	Home Telephone #	Work Telephone #
Amy Ketterer	[redacted]	[redacted]	

II. ORGANIZATION

Name	Address	Telephone #
Relay For Life opening gala		

III. EVENT

Type of event: ☐ Outdoor ☑ Indoor ☐ Parade

Name of Event: Home Tour Opening Gala

Date and time: From / To 6:30 to 9:30

Location: 206 West Prospect (Cress Funeral Home)

Will there be any activity taking place that involves music, amplifiers, loudspeakers, etc?

☐ Yes (attach additional sheet with description and times of activities) ☑ No

License applying for: $10.00 individually or for both

☑ Temporary Class "B" beer ☑ Temporary Class "B" wine

Persons proposed to sell fermented malt beverages and/or wine (attach additional sheet if necessary)

Name	Address	Prior relevant experience(s)
Glenn McNaughton	[redacted].	3 years at same event

ATTACH: A sketch showing the layout for handling fermented malt beverages and/or wine.
A copy of the application or license of each person(s) who will be holding the beverage operator's license who requires the supervision of the sale of fermented malt beverages and/or wine.
A list of adjacent property owners and a copy of the form used to notify them of the event. (outdoor event only)

I, Amy Ketterer (applicant), agree to promptly pay the City for the City's charges incurred either in regulating this license or remedying any unsatisfactory post-event maintenance by the above named person or organization as required.

Amy Ketterer — Signature

8/14/19 — Date

Office Use: Date Paid 8/16/19 Amount Paid $30.00 Receipt Number 10041812

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 $_ Application Date: 8/16/19

☐ Town ☐ Village ☒ 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. Stats.

at the premises described below during a special event beginning Friday, 12/6/19 and ending Friday 12/6/19 and agrees to comply with all laws, resolutions, 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 ☐ Chamber of Commerce or similar Civic or Trade Organization ☐ Veteran's Organization ☐ Fair Association

(a) Name American Cancer Society Relay For Life Holiday Home Tour Opening Gala

(b) Address 619 Greig Trail, Stoughton, WI 53589 *(Street)* ☐ Town ☐ Village ☒ City

(c) Date organized 1913 (ACS)

(d) If corporation, give date of incorporation _____

(e) 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: ☐

(f) Names and addresses of all officers:

President Amy Ketterer, [redacted]

Vice President Mary McNaughton, DOB [redacted]

Secretary N/A

Treasurer Glenn McNaughton, [redacted]

(g) Name and address of manager or person in charge of affair: Amy Ketterer, [redacted]

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 206 W. Prospect, Stoughton, WI 53589

(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: Entire first floor of building

3. Name of Event

(a) List name of the event American Cancer Society Victorian Holiday Opening Gala

(b) Dates of event Friday, December 6, 2019

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.

American Cancer Society Relay For Life of Stoughton/Oregon/McFarland *(Name of Organization)*

Officer Amy Ketterer 8/16/19 *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

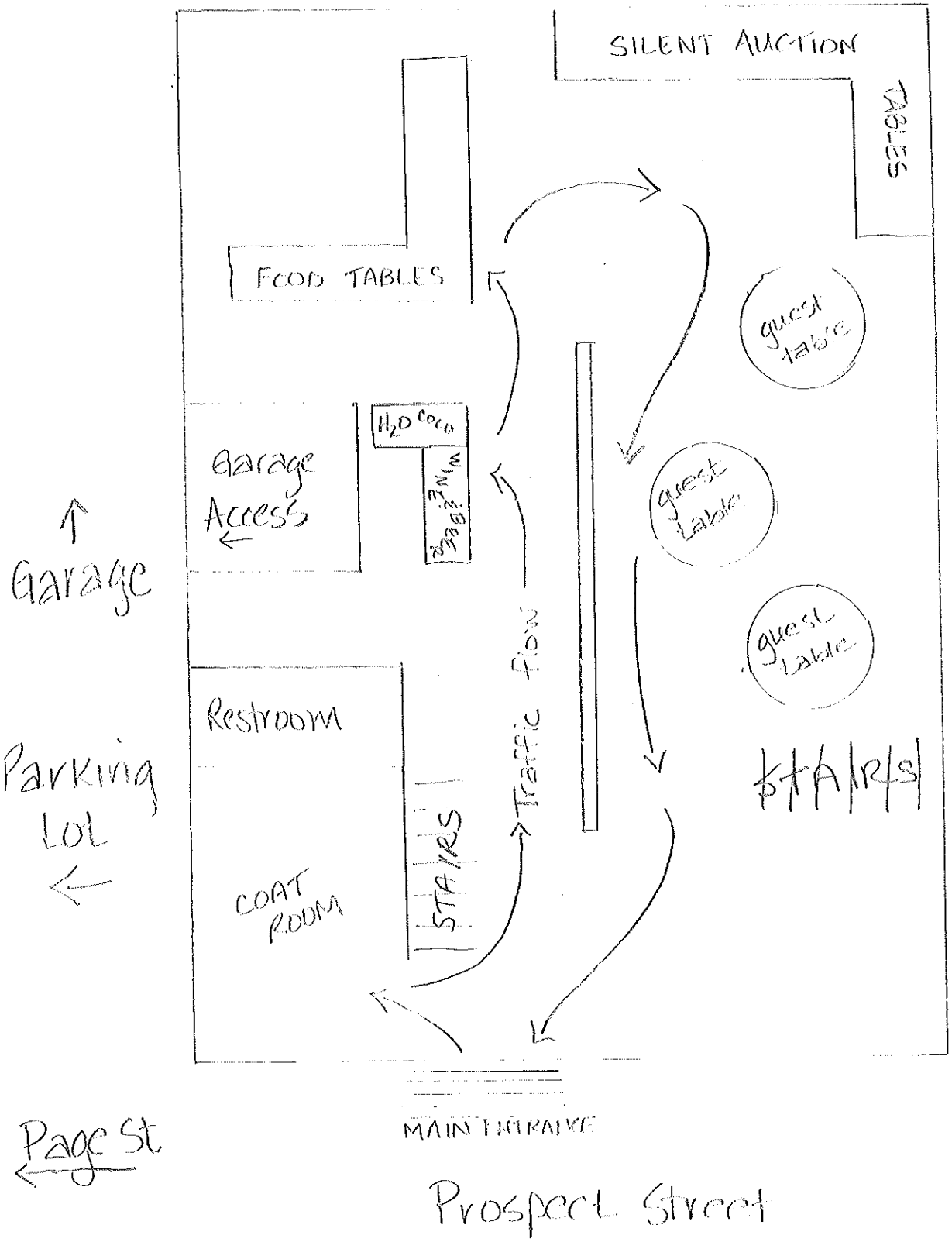
Officer _____ *(Signature/date)*

Date Filed with Clerk 8/16/19

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Victorian Holiday Opening Gala

206 West Prospect Street, Stoughton