8-2-19

CITY OF STOUGHTON

FEE: $30.00

SPECIAL EVENT LICENSE APPLICATION

I. APPLICANT

Name	Address	Home Telephone #	Work Telephone #
Partners of Stoughton	900 Ridge St.	608-873-3387	608-873-2281

II. ORGANIZATION

Name	Address	Telephone #
same ↑	↑	608-873-2281

III. EVENT

Type of event: ☐ Outdoor ☑ Indoor ☐ Parade

Name of Event: Re Style; Repurpose, Recycle

Date and time: From Oct 16, 2019 6pm To 10pm

Location: Lagerer 515 E. Main St., Stoughton, WI

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)
Kassidy Silbaugh	[redacted]	American Legion Post
Josie Silbaugh		BBG + American Legion Post

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, [signature], (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.

Signature [signature] Date 08-01-2019

Office Use: Date Paid 8/2/19 Amount Paid $30 Receipt Number 100041534

Beverages will be sold at bar area on 1st floor of Lageret.

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: 8/2/2019

☐ 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 _____ and ending _____ 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 Partners of Stoughton Hospital

(b) Address 900 Ridge St Stoughton, WI
(Street) ☐ Town ☐ Village ☑ City

(c) Date organized 1958

(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 Judeen Reese
Vice President Becky Greiber
Secretary Diane Matson
Treasurer Bev Mansfield

(g) Name and address of manager or person in charge of affair:
Claudia Quam, [redacted], Stoughton, WI 53589

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 The Lagerer 515 E. Main St., Stoughton, WI

(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: 1st floor only

3. Name of Event

(a) List name of the event Restyle, Repurpose, Recycle

(b) Dates of event October 16, 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.

Partners of Stoughton Hospital
(Name of Organization)

Officer _____ (Signature/date)

Officer Beverley Mansfield (Signature/date)

Officer Becky Greiber (Signature/date)

Officer Diane Matson 07-19-19 (Signature/date)

Date Filed with Clerk 8/2/19

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____