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: 4/1/18

☐ 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 June 7th 2018 and ending June 7th 2018 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.

→ 501c3 non Profit

1. **ORGANIZATION** *(check appropriate box)* ☐ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

   (a) Name Stoughton Area Resource Team Inc. (START) - Non Profit

   (b) Address 248 West Main Street Stoughton WI 53589
   (Street) ☐ Town ☐ Village ☒ City

   (c) Date organized 2003

   (d) If corporation, give date of incorporation Aug 25 2003

   (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 Todd McVey [redacted] 53589

   Vice President Teresa Plumley [redacted]

   Secretary Shannon Clayton [redacted]

   Treasurer Karen Myers [redacted] 579

   (g) Name and address of manager or person in charge of affair:

   Cindy Thompson [redacted]

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

   (a) Street number 900 Ridge Street Stoughton WI 53589

   (b) Lot N/A Block N/A

   (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: Bryant Health Education Center, lower level

3. **NAME OF EVENT**

   (a) List name of the event Stoughton Area Resource Team Inc. Annual Fundraiser

   (b) Dates of event June 7th 2018

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.

Stoughton Area Resource Team Inc.
(Name of Organization)

Officer Todd McVey 4/23/18 *(Signature/date)*

Officer [illegible] 4/23/18 *(Signature/date)*

Officer Jessica [illegible] 4/23/18 *(Signature/date)*

Officer Teresa Plumley 4/23/18 *(Signature/date)*

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

CITY OF STOUGHTON

FEE: $30.00

SPECIAL EVENT LICENSE APPLICATION

Name	Address	Home Telephone #	Work Telephone #
Stoughton Area Resource Team Inc. (START)	248 W. Main St. Stoughton WI 53589	608-577-	5650

Name	Address	Telephone #
Cindy Thompson, START Director	248 W. Main St. Stoughton WI 53589	608-577-5650

Type of event

☐ Outdoor ☒ Indoor ☐ Parade

Name of Event: START Annual Fundraiser

Date and time

From 2:30pm June 7th 2018

To 9:30pm June 7th 2018

Location: 900 Ridge St. Stoughton WI 53589

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)
Lisa Jackson	[redacted]	
Steve Jackson		
Temporary Operator in 2017		

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)

Stoughton Area Resource Team Inc.

I, Cynthia L. Thompson, agree to promptly pay the City for the City's
(applicant)

charges incurred either in regulating this license or remedying any unsatisfactory post-event maintenance by the above named person or organization as required.

Signature Cynthia L. Thompson Date 4/1/18

Office Use: Date Paid _____ Amount Paid _____ Receipt Number _____

CITY OF STOUGHTON
LICENSE APPLICATION

Temporary Operator's (Bartender's) License - $10.00

Receipt Number: _____

TO BE FILLED OUT BY THE APPLICANT:

NAME OF APPLICANT Last	First	Middle Initial	WISCONSIN DRIVER'S LICENSE NUMBER
JACKSON	STEPHEN	R.	

[redacted]	City	State	Zip Code
	Stoughton	WI	53589

HOME PHONE #:	BIRTHDATE:
6[redacted]	[redacted]

ORGANIZATION AFFILIATION:	EVENT & DATE TO BE WORKED:
START	Fundraiser 6-07-2018

DURING THE PAST YEAR, HAVE YOU BEEN CITED, ARRESTED, CHARGED OR CONVICTED FOR ANY VIOLATION OF ANY LAW RELATED TO ALCOHOL OR SUBSTANCE ABUSE? IF SO, GIVE DATES OF CITATION, ARREST AND/OR CONVICTION, PENALTY IMPOSED, NAME OF COURT IN WHICH CONVICTED AND STATE DISPOSITION OF CHARGE, IF NOT STATE "NONE"

NONE

HAVE YOU BEEN CONVICTED OF OPERATING A MOTOR VEHICLE WHILE INTOXICATED? YES (NO)

IF YES, EXPLAIN: _____

HAVE YOU BEEN HOSPITALIZED OR TREATED IN THE LAST TWO YEARS FOR DRUG ABUSE OR ALCOHOLISM? YES (NO)

IF YES, EXPLAIN, GIVE DATES: _____

MENTAL/EMOTIONAL PROBLEM(S)? YES (NO) IF YES, EXPLAIN, GIVE DATES: _____

I hereby apply for a license to serve Fermented Malt Beverages and/or Wine, subject to the limitation imposed by Section 125.17(4) of the Wisconsin State Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages if a license be granted to me.

The undersigned affirms that he/she made and signed the foregoing application for an operator's license and that he/she made complete and true answers to each question.

Stephen R Jackson

APPLICANT'S SIGNATURE

TO BE FILLED OUT BY THE STOUGHTON POLICE DEPARTMENT

_____ Subject has no Criminal Arrest with either the Wisconsin State Crime Bureau or with the Stoughton Police Department.
_____ Files indicate that subject has the following Criminal Arrest Record:

ARRESTING AGENCY	DATE	CHARGE	DISPOSITION

DATE:	AUTHORIZED SIGNATURE CHIEF OF POLICE

ORDINANCE TO PROHIBIT LICENSING OF PERSONS HAVING OUTSTANDING CITY OF STOUGHTON DELINQUENCIES

Section 14-2 of the Stoughton Municipal Code reads as follows:

> Sec. 14-2 License withholding for unpaid city claims.
>
> City representatives shall not issue a permit or an original or renewal license to any person who has delinquent financial claims outstanding to the city, including, without limitation due to enumeration in this section, unpaid taxes, assessments, delinquent municipal utility charges or unpaid ordinance violation convictions.

I understand the above ordinance and hereby state that I do not have any delinquent accounts with the City of Stoughton or its Electric and Water Utility. False statements will constitute immediate revocation of permit or license.

Signed: Stephen R Jahn
License Applicant's signature

AUTHORIZATION FOR RELEASE OF INFORMATION

Stephen R Jackson, 3-6-1958

Name: First M.I. Last Date of Birth

Residing at 2[redacted] Stoughton WI

Address City

I hereby authorize the Stoughton Police Department to release to the City Clerk's Office, the City Attorney and the City Council, my driving records and any arrest records for review in connection with my application for an Operator's License and/or Alcohol License with the City of Stoughton.

Stephen R Jackson

Signature

April 6, 2018

Date

CITY OF STOUGHTON
LICENSE APPLICATION

Temporary Operator's (Bartender's) License - $10.00

Receipt Number: _____

TO BE FILLED OUT BY THE APPLICANT:

NAME OF APPLICANT Last	First	Middle Initial	WISCONSIN DRIVER'S LICENSE NUMBER
JACKSON	LISA	M	

HOME ADDRESS	City	State	Zip Code
[redacted]	Stoughton	WI	53589

HOME PHONE #:	BIRTHDATE:
[redacted]	[redacted]

ORGANIZATION AFFILIATION:	EVENT & DATE TO BE WORKED:
START	Fundraiser 6-07-2018

DURING THE PAST YEAR, HAVE YOU BEEN CITED, ARRESTED, CHARGED OR CONVICTED FOR ANY VIOLATION OF ANY LAW RELATED TO ALCOHOL OR SUBSTANCE ABUSE? IF SO, GIVE DATES OF CITATION, ARREST AND/OR CONVICTION, PENALTY IMPOSED, NAME OF COURT IN WHICH CONVICTED AND STATE DISPOSITION OF CHARGE, IF NOT STATE "NONE"

NONE

HAVE YOU BEEN CONVICTED OF OPERATING A MOTOR VEHICLE WHILE INTOXICATED? YES (NO)

IF YES, EXPLAIN: _____

HAVE YOU BEEN HOSPITALIZED OR TREATED IN THE LAST TWO YEARS FOR DRUG ABUSE OR ALCOHOLISM? YES (NO)

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Lisa Jackson
APPLICANT'S SIGNATURE

TO BE FILLED OUT BY THE STOUGHTON POLICE DEPARTMENT

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I understand the above ordinance and hereby state that I do not have any delinquent accounts with the City of Stoughton or its Electric and Water Utility. False statements will constitute immediate revocation of permit or license.

Signed: Lisa Jackson
License Applicant's signature

AUTHORIZATION FOR RELEASE OF INFORMATION

LISA M JACKSON, 2-19-1963

Name: First M.I. Last Date of Birth

Residing at 2[redacted] Stoughton WI

Address City

I hereby authorize the Stoughton Police Department to release to the City Clerk's Office, the City Attorney and the City Council, my driving records and any arrest records for review in connection with my application for an Operator's License and/or Alcohol License with the City of Stoughton.

Lisa Jackson

Signature

April 6, 2018

Date