CITY OF STOUGHTON

FEE: $30.00 pd. HL

SPECIAL EVENT LICENSE APPLICATION

I. APPLICANT

Name	Address	Home Telephone #	Work Telephone #
Crystal Welsh	1935 W. Milwaukee St. Stoughton, WI 53589	608.553.2323	

II. ORGANIZATION

Name	Address	Telephone #
Taste of Stoughton	1935 W. Milwaukee St. Stoughton, WI 53589	

III. EVENT

Type of event: ☒ Outdoor ☐ Indoor ☐ Parade

Name of Event: Taste of Stoughton

Date and time	Location
From June 19, 2021 11am	1300 Hoel Ave
To June 19, 2021 8pm	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)
Vik Malling	211 E. Main St. Stoughton	Bar Owner
Joseph Baird	124 E. Main St. ~~151 E. Main~~ Stoughton	Cidery owner
Brian Hoffman	151 E. Main St. Stoughton	Bar/Restaurant Owner

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, _____, agree to promptly pay the City for the City's
Crystal Welsh (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 _____ Date 4-21-21

Office Use: Date Paid 4-22-21 Amount Paid $40.00 Receipt Number 10005359

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: 4.19.21

☐ 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 11am 6/19 and ending 8pm 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 Taste of Stoughton

(b) Address 1300 Hoel Ave Stoughton, WI 53589
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized June 2019

(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 Crystal Welsh
Vice President Matt Heitmann
Secretary Monique Olson
Treasurer Christina Scanlon Wozniak

(g) Name and address of manager or person in charge of affair: Crystal Welsh
1935 W. Milwaukee St. 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 1300 Hoel Ave Stoughton, WI 53589 (Nordic Ridge Park)

(b) Lot Block

(c) Do premises occupy all or part of building? yes, shelter on site

(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: no building will be used for event

3. Name of Event

(a) List name of the event Taste of Stoughton

(b) Dates of event Third Saturday in June; June 19, 2021

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.

Taste of Stoughton
(Name of Organization)

Officer 4/21/21
(Signature/date)

Officer 4/21/21
(Signature/date)

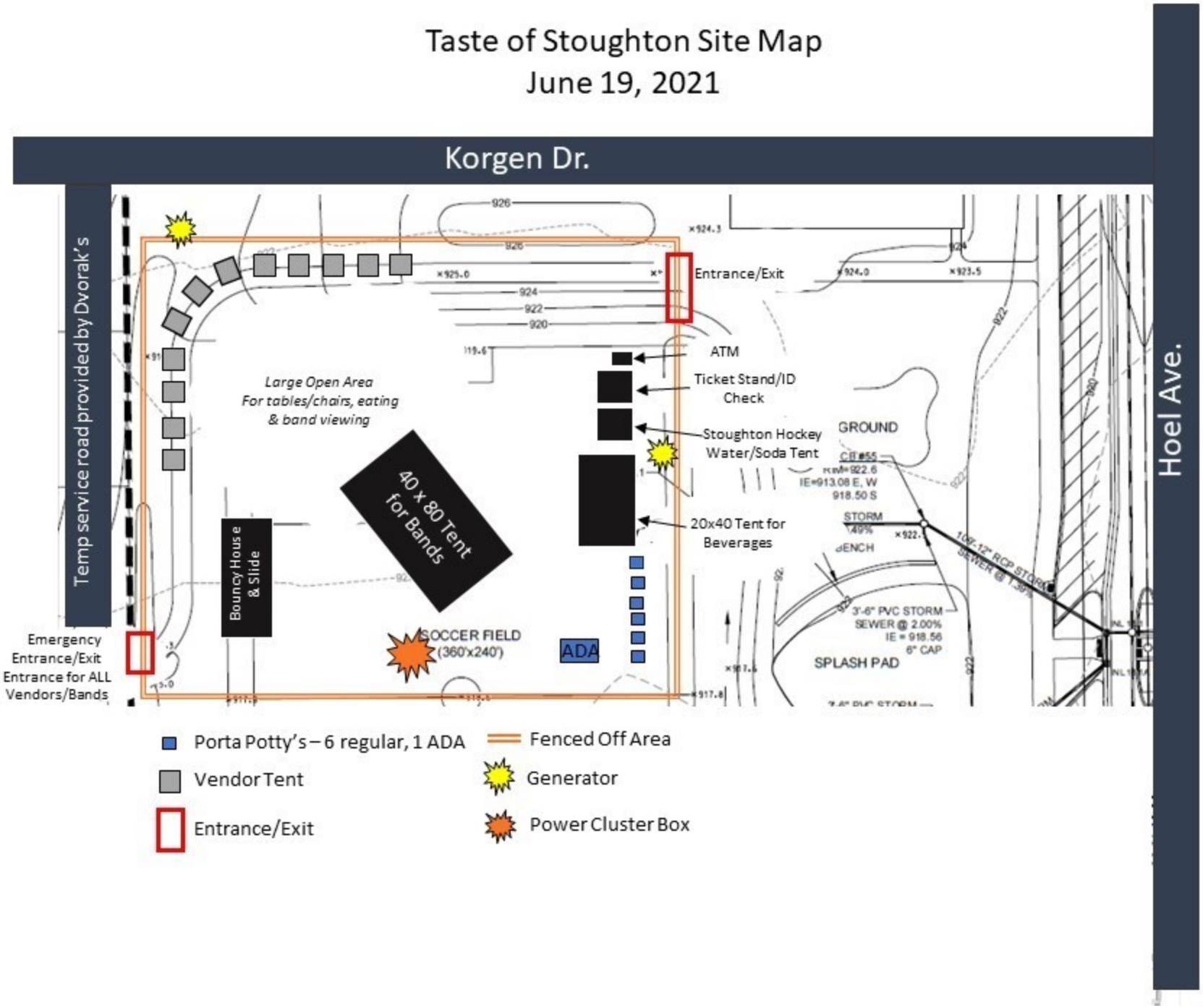
Officer 4.21.21
(Signature/date)

Officer 4.22.22
(Signature/date)

Date Filed with Clerk

Date Reported to Council or Board

Date Granted by Council

License No.

Taste of Stoughton Site Map
June 19, 2021