# CITY OF STOUGHTON

FEE: $30.00

# SPECIAL EVENT LICENSE APPLICATION

## I. APPLICANT

| Name | Address | Home Telephone # | Work Telephone # |
|---|---|---|---|
| Brent Kooima | | | (608)345-7981 |

## II. ORGANIZATION

| Name | Address | Telephone # |
|---|---|---|
| Stoughton Ducks Unlimited | | |

## III. EVENT

Type of event: ☐ Outdoor ☒ Indoor ☐ Parade

Name of Event: Annual Spring Banquet

Date and time: March 15th 2018
From 5:00 p.m.
To 10:00 p.m.

Location: The Tobacco Junction (Lageret)

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) |
|---|---|---|
| Nicole Curkeet | | Bartender at Ducks |
| | | |
| | | |
| | | |

**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, Brent Kooima (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 _____ Date 01/17/2018

Office Use: Date Paid _____ Amount Paid 30.00 Receipt Number 1000 28696

# 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: 01/19/2018

☐ 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 05/15/2018 and ending 05/15/2018 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.

**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 Stoughton Ducks Unlimited

(b) Address 1408 Felland St. Stoughton, WI 53589
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 02/01/1998

(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 Brent Kooima

Vice President Bob Davis

Secretary Jason Simac

Treasurer _____

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

[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. 53589

(b) Lot _____ Block _____

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

(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:

**3. Name of Event**

(a) List name of the event Stoughton Ducks Unlimited Annual Spring Banquet

(b) Dates of event March 15, 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 Ducks Unlimited
(Name of Organization)

Officer [signature] 01/19/2018
(Signature/date)

Officer [signature] 01/19/2018
(Signature/date)

Officer [signature]
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 1/19/18

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____