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 $ 25.00 Application Date: _____

☐ Town ☐ Village ☒ City of Racine County of Racine

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 _____

   (b) Address _____ *(Street)* ☐ Town ☐ Village ☐ City

   (c) Date organized _____

   (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) Name, Address, and Date of Birth of all officers:
   President _____
   Vice President _____
   Secretary _____
   Treasurer _____

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

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 _____

   (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:

3. **Name of Event**

   (a) List name of the event _____

   (b) Dates of event _____ Between the Hours of: _____ and _____

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.

Licensed Bartender _____ _____ *(Name of Organization)*

Officer _____ *(Signature/date)* Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)* Officer _____ *(Signature/date)*

Date Filed with Clerk _____ License No. _____

Initials of Clerk _____

AT-315 (R. 11-15)
(City Clerk 4/2016)

11101-44100 $10.00/ 11101-46100 $15.00
11101-44110 $50.00 LATE FEE
IF SUBMITTED LESS THAN 2 WEEKS BEFORE EVENT

Wisconsin Department of Revenue