

Temporary B License

City of Milton Clerk

710 S. Janesville St. Milton, WI 53563 jsalvo@milton-wi.gov 608-868-6900

- Temporary Class "B" (beer) and "Class B" (wine) licenses are available to bona fide clubs, churches, Lodges/Societies, Veteran's Organizations, local chambers of commerce and similar civic or trade organizations, and Fair Associations <u>only</u>. Being a non-profit company is not enough.
- At least one licensed operator (bartender) must be present.
- The fee is \$10 for beer and/or wine. If you have more than one day, they must be consecutive dates.
- o This application must be submitted a minimum of 30 days in advance of the event (Sec. 14-315).
- o If your plans include using the street for your event, you will need a Street Use Permit and you must apply at least 30 days before your event.
- o Please contact the City Clerk for additional information.
- Other requirements are on the accompanying sheet. □ Attached

The named organization app	plies for:				
	icense to sell fermented m	alt beverages at picnics	or similar gatherings under s.		
125.26(6), Wis. Stats.			1 105 51 (10) W. G.		
☐ A Temporary "Class B" I	icense to sell wine at picn	ics or similar gatherings	under s. 125.51(10), Wis. Stats.		
Organization					
Pick one:					
\square Bona fide Club \square Churc	ch □ Lodge/Society □	Veteran's Organization	☐ Fair Association		
☐ Chamber of Commerce of	r similar Civic or Trade O	rganization			
Organization Name:		Phone:			
Address:	Email: _	V	Vebsite:		
Date organized:	If a corporation, give date of incorporation:				
WI State Seller's Permit ID					
WI State Seller's Fermit ID	•				
☐ We are not required to ho	ld a Wisconsin seller's ne	rmit nursuant to s 77.5/	(7m) Wie State		
we are not required to no	id a wisconsin seners pe	inni pursuani to s. 77.52	(/III), W15. Stats.		
☐ We <i>have</i> been convicted of	of a violation of Chapter 3	28			
- we have been convicted of	or a violation of Chapter 2				
0 0	3.7	G A 11			
Organization Officers	Name	Street Address	City, State, Zip Code		
President					
Vice President					
Treasurer					
Secretary					

Person in charge of event	Name	Phone	Email		
Event Name:	Event d	lates & time(s):			
Event Address:		Estimated Atte	endance:		
Event Address.		Estimated Atte	iluanice.		
		If <i>part</i> of building/prohich floor or rooms, what sect			
Explain the purpose and nat	ure of the event:				
Describe your planned meth	nod of crowd control:				
Describe your planned meth	nod of alcohol control:				
How many security persons	will you have on the licen	sed premise?			
Name and license number of	f licensed operator(s) servi	ing at this event:			
Name:		License Number:			
Name:		License Number:			
Will an application for waiv Wholesaler who will supply		Yes □ No Quantiti	es ordered:		
Will food be served? ☐ Yes	□ No Will a tent !	oe used? □ Yes □ No			
Will the street be used? \Box Y	Yes \square No Will wine be served? \square No \square Yes: of 2 per year				
Declaration					
☐ The information provided	d in this application is true	and correct to the best of my	knowledge and belief.		
Authorized Signature Date					
For Office Use Only:					
License Number:					
Director of Public Works		Milton Fire Department			
Police Chief		City Clerk			