

# 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: 06-22-2021

Town  Village  City of West Allis

County of Milwaukee

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 8/20/21 and ending 8/20/21 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 ST AUGUSTINE PARISH

(b) Address 6762 W ROGERS ST WEST ALLIS WI 53219  
(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) Names and addresses of all officers:

President FR LAWRENCE FRANKOVICH 6762 W Rogers St WA 53219

Vice President \_\_\_\_\_

Secretary LAURA RICHARDS 737 S 114th St WA 53214

Treasurer JOAN TOMKOWIAK 8706 W Oklahoma #251 Milw 53227

(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 6762 W ROGERS ST WEST ALLIS WI 53219

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

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

(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 FESTIVAL

(b) Dates of event 8/20/2021

## 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.

ST AUGUSTINE

(Name of Organization)

Officer Fr Lawrence Frankovich  
(Signature/date)

Officer Joan Tomkowiak  
(Signature/date)

Officer Laura J. Richards  
(Signature/date)

Officer Pat Rogutich  
(Signature/date)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_