

# 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: 05/19/2021

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 07/13/2021 and ending 07/13/2021 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  
 Veteran's Organization  Fair Association or Agricultural Society  
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name HEAR Wisconsin

(b) Address 10243 W. National Ave.

(Street)

Town  Village  City

(c) Date organized 01/01/1926

(d) If corporation, give date of incorporation 01/01/1944

(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 JILL VAN CALSTER, PRESIDENT/CEO 10243 W. NATIONAL AVE.

Vice President SARANTHA PANELO, 10243 W. NATIONAL AVE.

Secretary JAMIE GRASSO, 10243 W. NATIONAL AVE.

Treasurer P. SHANNON BURNS, 10243 W. NATIONAL AVE.

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

## 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 10243 W. National Ave.

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

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

(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: The main lobby and adjacent areas on that same level as well as the parking lot in front of the building.

## 3. Name of Event

(a) List name of the event HEAR Wisconsin Mobile Audiology Clinic Ribbon Cutting Ceremony

(b) Dates of event 07/14/2021

## DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Mark Stein, DIR. STRATEGIC INITIATIVES  
(Signature / Date)

HEAR Wisconsin

(Name of Organization)

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

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

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

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