

Temporary B License

City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703

licensing@cityofmadison.com

| PERCPB = : | 2016-00130 |
|-----------------------|------------|
| (scanned) | Yes |
| ∪ No (STREET USE?) | A TES |
| (Processing step) | |

continued on page two - OVER

| nitials) | | | | 98-266-4601 | <u>on,com</u> | | (Processing step) |
|----------|--|--|----------------------------------|-------------------------|---------------------|----------|--|
| Alde | r Name: ˌ | Marsha Rummel | | | _ Dist #: _ | 6 | Police Sector: |
| 0 | Lodges | rary Class "B" (b Societies, Veter by is not enough. | eer) and "Class an's Organiza | B" (wine) tions, and | licenses a Fair Ass | are avai | ilable to bona fide clubs, churches, only. Being a non-profit |
| 0 | ** | | | | | | |
| 0 | If your plans include using the street for your event, you will need a Street Use Permit and you must apply at least 60 days before your event. | | | | | | |
| 0 | The state of the s | | | | | | |
| 0 | per cross of cites may have consocative days. | | | | | | |
| 0 | Other re | equirements are o | n the accompar | nying sheet | . [] Attacl | ned | |
| □АТ | emporary | 6), Wis. Stats. Class B" licens | e to sell wine a | t picnics or | · similar g | atherin | ngs under s. 125.51(10), Wis. Stats. |
| | | ıb 🗆 Church [| ☑ Lodge/Societ | y □ Veter | an's Orga | nizatio | n Fair Association |
| Organ | ization N | Name: Schenks C | Confers Society & T | enant Resour | rce Center | | Phone: 608-257-0143 |
| Addres | ss: <u>1202 V</u> | Villiamson St. Suite 1 | 02 En | nail: brenda | konkel@gm | nail.com | Website: http://www.tenantresourcecenter.org |
| Date of | rganized: | 1980 | | If a corpo | oration, gi | ve date | e of incorporation: |
| WI Sta | te Seller' | s Permit ID: | | | | | |
| ⊠ We a | are not red | quired to hold a V | Wisconsin seller | r's permit p | ursuant to | s. 77.5 | 54 (7m), Wis. Stats. |
| □ We A | <i>ave</i> been | convicted of a v | iolation of Cha _l | pter 38. | | | |

| Organization Officers | Name | City, State | Birthdate |
|---------------------------|-------------------|-----------------|------------------------|
| President | Michael Donnelly | Madison, WI | |
| Vice President | Pearl Foster | Poynette, WI | |
| Treasurer | Justin Schober | Madison, WI | |
| Secretary | Kayleigh Chiono | Madison, WI | |
| Person in charge of event | Name | Phone | Email |
| Brenda Konkel, Dan Plo | urde, Joe Burbach | 608-257-0006 x5 | brendakonkel@gmail.com |

Event Information

| Event Name: Sc | henks Corners Block Party | Event dates & time(s): Aug 19, 4:00pm - Aug 20, 10:00pm | | | |
|---|-----------------------------|---|--|--|--|
| Event Address: | 1900 Atwood Ave, Madison | Estimated Attendance: 250/day | | | |
| Do the premises you want to license occupy <i>all</i> of the building/property? Yes No? Then please describe fully which parts of the property or building you want to be covered with this license. (Which section of the parking lot, which floor of the building, or which specific rooms in it. etc): | | | | | |
| Event area is entire 1900 Block of Atwood Ave. | | | | | |
| Explain the purpo | se and nature of the event | : Summer Gathering/Fundraiser | | | |
| Describe your planned method of crowd control: There will be event staff located at the entrances and there will | | | | | |
| also be staff moving through the event area monitoring the crowd. Perimeter will be lined with snow fence so the area is enclosed. | | | | | |
| How many security persons will you have on the licensed premises?8 | | | | | |
| If you are on a City right-of-way or property, will an application for waiver of insurance be filed? ☐ Yes ✓ No | | | | | |
| Wholesaler who will supply fermented malt beverage: Frank/General Bev. Quantities ordered: 10 | | | | | |
| Will food be serve | :d?√Yes □ No V | Will a tent be used? □ Yes No | | | |
| Will the street be ı | used?∀Yes□No V | Will wine be served? ▼No □ Yes: of 2 per year | | | |
| Wholesaler who w | vill supply wine: | Quantities ordered: □ N.A. | | | |
| Declaration | , | | | | |
| The information | n provided in this applicat | ion is true and correct to the best of my knowledge and belief. | | | |
| Officer Signature | M. Shrall | Date 5/25/16 | | | |
| Printed name of Officer who is signing M/CHALL DONNELLY | | | | | |