



Temporary B License

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

licensing@cityofmadison.com
608-266-4601

PER CPB-2015-00109
(Number)

(scanned)

No

Yes

(STREET USE?)

(Processing step)

(initials)

Alder Name: _____ Dist #: _____ Police Sector: _____

- o Temporary Class "B" (beer) and "Class B" (wine) licenses are available to bona fide clubs, churches, Lodges/Societies, Veteran's Organizations, and Fair Associations only. Being a non-profit company is not enough.
- o You may get an unlimited number of temporary licenses for Beer, but only two licenses for wine each twelve months.
- o 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.
- o At least one licensed bartender must be present.
- o The fee is \$10 for beer and/or wine. If you have more than one day, they must be consecutive dates.
- o Other requirements are on the accompanying sheet. Attached

The named organization applies for:

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.

Scott@majesthemadison.com

Organization

Pick one:

Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

Organization Name: CARRONE CANCER CENTER NW FOUNDATION Phone: 608-262-1632

Address: 600 Highland Ave, Madison Email: jgw105ka@uncarbone.1015c.edu Website: wehealtha.org

Date organized: _____ If a corporation, give date of incorporation: _____

WI State Seller's Permit ID: _____

We are not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats.

We have been convicted of a violation of Chapter 38.

Organization Officers	Name	City, State	Birthdate
President			
Vice President			
Treasurer			
Secretary			
Person in charge of event	Name	Phone	Email
Jane Winston	Jane Winston	608-262-1032	jgwinston@wisc.edu

Event Information

Event Name: Live on King Street Event dates & time(s): June 26, July 17, 31, August 7, 21
SEPTEMBER 18
 Event Address: King St / MLK Estimated Attendance: 3,000 - 8,000

Do premises occupy all of building/property? _____ If part of building/property, describe fully all premises covered under this license application, i.e. which floor or rooms, what section of parking lot:

Explain the purpose and nature of the event: Free Live Music

Describe your planned method of crowd control: Police, Private Security

How many security persons will you have on the licensed premise? Dependent on crowd size but 15+
per event

Will an application for waiver of insurance be filed? Yes No

Wholesaler who will supply fermented malt beverage: W.I. Distributors Quantities ordered: TRSD

Will food be served? Yes No Will a tent be used? Yes No

Will the street be used? Yes No Will wine be served? No Yes: ___ of 2 per year

Declaration

The information provided in this application is true and correct to the best of my knowledge and belief.

Authorized Signature _____ Date _____