



Temporary B License

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

licensing@cityofmadison.com
608-266-4601

PERCPB-2016-00139
(Number)

42919
(scanned)

No Yes
(STREET USE?)

(initials)

(Processing step)

Alder Name: Verveer Dist #: 4 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.

Organization

Pick one:

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

Organization Name: Madison Festivals, Inc Phone: 608-276-9797

Address: 5976 Executive Dr. Suite B Email: events@madisonfestivals.com Website: madisonfestivals.com

Date organized: _____ If a corporation, give date of incorporation: 04/05/1993

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	Rita Kelliher	Fitchburg, WI	
Vice President	Jamie Patrick	Madison, WI	
Treasurer	Mark Anderson	Madison, WI	
Secretary	Mike Westcott	Madison, WI	
Person in charge of event	Name	Phone	Email
	Ryan Richards		richards@madisonfestivals.com

Event Information

Event Name: Taste of Madison Event dates & time(s): 9/3: 2pm-8:30pm & 9/4: 11am-7pm

Event Address: Capitol Square Estimated Attendance: 250,000

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: Running Event & Finish Line

Festival _____ Describe your planned method of crowd control: City police, private security, barricades

How many security persons will you have on the licensed premise? 6 private officers

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

Wholesaler who will supply fermented malt beverage: WI Distributors Quantities ordered: 800 half barrels

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 peryear

Declaration

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

Authorized Signature *Erin Dougherty* Date 3/14/16