	Temporary B License	(Agenda Item number) –if Street Us
	License	(Legistar file number) –if Street Use
Street Use: No YES	City of Madison Clerk 210 MLK Jr Blvd, Room 103 Madison, WI 53703	(License number)
Office Use Only	licensing@cityofmadison.com 608-266-4601	(Alder District #) (Police Sector Office Use Only
he named organization applie A Temporary Class "B" licens s.125.26(6), Wis. Stats	se to sell fermented malt beverages at picn	ics or similar gatherings under
Stats.	se to sell wine at picnics or similar gatherin	gs under s. 125.51(10), wis.
	Chamber of Commerce	
-		
-		☐ Fair Association
ick one: 🛛 Bona fide Club 🗆 Lodge/Society		□ Fair Association
ick one: Dena fide Club Lodge/Society	□ Veteran's Organization	Fair Association Phone:
ick one: Bona fide Club Lodge/Society Drganization Name: ddress:	□ Veteran's Organization	Fair Association Phone: ebsite:
ick one: Bona fide Club Lodge/Society rganization Name: ddress: Pate organized:	Veteran's Organization Email:We	Fair Association Phone: ebsite: f incorporation:
ick one: Bona fide Club Lodge/Society Drganization Name: ddress: Date organized: VI State Seller's Permit ID:	Veteran's Organization Email: We If a corporation, give date o	Fair Association Phone: ebsite: f incorporation:
Pick one: Bona fide Club Lodge/Society Drganization Name: Address: Date organized: NI State Seller's Permit ID: We are not required to hold a	Veteran's Organization Email: We If a corporation, give date o a Wisconsin seller's permit pursuant to s. 7	Fair Association Phone: ebsite: f incorporation:
Lodge/Society Drganization Name: Address: Date organized: WI State Seller's Permit ID: We are not required to hold a We have been convicted of a	Veteran's Organization Email: We If a corporation, give date o a Wisconsin seller's permit pursuant to s. 7	Fair Association Phone: ebsite: f incorporation:

Organization Officers	Name	City, State	Birthdate
President			
Vice President			
Treasurer			
Secretary			
Person in charge of event	Name	Phone	Email

Event Information

Event Name:	Event dates & time(s):	
Event Address:	Estimated Attendance:	
describe fully which parts of the property or	<i>all</i> of the building/property? No? Then please building you want to be covered with this license. (Which building, or which specific rooms in it. etc):	
Explain the purpose and nature of the event	:: 	
	trol:	
How many security persons will you have or		
Will food be served? Ves No W	/ill a tent be used? □ Yes □ No	
Will the street be used? \Box Yes \Box No V	Vill wine be served? No Yes: of 2 per year	
Wholesaler/distributor/brewery who will sup	ply fermented malt beverage:	
Quantities ordered:		
(If serving wine) Wholesaler/distributor/wine	ery who will supply wine:	
Quantities ordered:		
Declaration		
□ The information provided in this application	on is true and correct to the best of my knowledge and belief.	
Officer Signature	Date:	

Printed name of Officer who is signing: _____