City of Black River Falls

# SPECIAL COMMON COUNCIL – AGENDA

Tuesday – June 25, 2024 – 6:00 PM

City Hall – 101 S. Second Street, Black River Falls, WI

**Join Zoom Meeting**:

https://us02web.zoom.us/j/88371919456?pwd=KgH1Q866xwiGwWAtQBd7v2Lab3qQ54.1

**Or Dial:** 1-312-626-6799 **Meeting ID:** 883 7191 9456 **Password:** cityhall

1. Call to Order
2. Roll Call
3. Application for a Temporary Class B Beer (Picnic) License for Black River Falls Youth Hockey for Gun Banquet June 29, 2024 at 388 Melrose Street (Milt Lunda Memorial Arena) – Action
4. Adjourn

Posted: June 24, 2024

PD 13.00 + 3 op License

COPY

# 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: 6-24-2024

☐ Town ☐ Village ☑ City of Black River Falls County of Jackson

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 _____ and ending _____ 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 BLACK RIVER YOUTH HOCKEY

(b) Address 388 MELROSE STREET BRF WI 54615 PO BOX 463
*(Street)* ☐ Town ☐ Village ☒ City

(c) Date organized 1980

(d) If corporation, give date of incorporation _____

(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 JARED O'NEILL
Vice President CLIFF STANTON
Secretary STACY BROWN
Treasurer KATE PETERSON

(g) Name and address of manager or person in charge of affair: JOE GAIER 129 W 2ND STREET BRF WI 54615

**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 388 MELROSE STREET

(b) Lot _____ Block _____

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

(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: _____

**3. Name of Event**

(a) List name of the event BLACK RIVER YOUTH HOCKEY GUN BANQUET

(b) Dates of event JUNE 29TH 2024

## 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 _____ _____
*(Signature / Date)* *(Name of Organization)*

Date Filed with Clerk June 24, 2024 Date Reported to Council or Board _____

Date Granted by Council _____ License No. _____