

CITY OF CHIPPEWA FALLS, WISCONSIN
NOTICE OF PUBLIC MEETING

SPECIAL COUNCIL MEETING

In accordance with the provisions of the Wisconsin State Statutes, Sec. 19.84, notice is hereby given that a public meeting of the:

COMMON COUNCIL will be held on **Thursday, March 5, 2015 at 8:00 am at City Hall, Council Chambers, 30 West Central Street, Chippewa Falls, WI.**

Items of business to be discussed or acted upon at this meeting are shown on the agenda below:

1. **CLERK CALLS THE ROLL**
2. **APPLICATIONS**
(a) Consider Application for Temporary Class "B" Beer Retailer's License from the Chippewa Valley Outdoor Resource Alliance to be held on March 7, 2015 at the Knights of Columbus Hall, 236 Pumphouse Road.
3. **ADJOURNMENT**

NOTE: REASONABLE ACCOMMODATIONS FOR PARTICIPATION BY INDIVIDUALS WITH DISABILITIES WILL BE MADE UPON REQUEST. FOR ADDITIONAL INFORMATION OR TO REQUEST THIS SERVICE, CONTACT THE CITY CLERK AT 726-2719.

Please note that attachments to this agenda may not be final and are subject to change.
This agenda may be amended as it is reviewed.

CERTIFICATION OF OFFICIAL NEWSPAPER

I, hereby, certify that a copy of this notice has been posted on the bulletin board at City Hall and a copy has been given to the Chippewa Herald on March 4, 2015 at 4:50 pm by BNG.

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: MAR 4 2015

Town Village City of Chippewa Falls County of Chippewa

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 March 7 and ending same day 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

(a) Name Chippewa Valley Outdoor Resource Alliance

(b) Address P.O. Box 291 Chippewa Falls, WI 54729
(Street) Town Village City

(c) Date organized Mar 7, 1999

(d) If corporation, give date of incorporation 1999 same

(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: (cell phone/telephone number)

President Dean Gullickson 715-720-0810 9924 Hwy. Q Chippewa Falls, WI 54729

Vice President Mike Gullickson 715-962-4221 4438 634 St. Gil Fax WI 54730

Secretary Gary Peterson 715-828-2465 283870 116 st. New Auburn, WI 54787

Treasurer Dale Johnson 715-644-3330 314 S. Franklin St. Stanley, WI

(g) Name and address of manager or person in charge of affair: Dean Gullickson 9924 Hwy Q, Chippewa Falls, WI 715-720-0810 54729

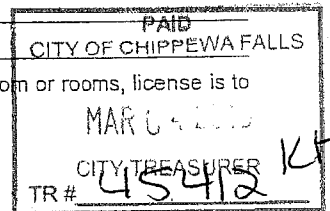
2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 236 Pumpkense Road (Knights of Columbus Hall)

(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 15 annual

(a) List name of the event CVORA Banquet Minors Present? yes

(b) Dates of event & times 3/7/15 5:00p - 11:00p Reason for Minors being present:

DECLARATION They help with setup, take down chairs and are supervised by club officers

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Dean S. Gullickson
(Signature/date)

Chippewa Valley Outdoor Resource Alliance
(Name of Organization)
 Officer _____
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Police Dept Approval: _____ Date: _____