



LICENSING BOARD MEETING - SPECIAL AGENDA

MONDAY, SEPTEMBER 28, 2026 AT 5:15 PM

**WATERTOWN MUNICIPAL BUILDING - 106 JONES STREET, WATERTOWN, WI 53094 UPPER
LEVEL ROOM 2044**

1. CALL TO ORDER

2. BUSINESS

- A. Review and take action: application for a Temporary Class "B" Beer license from Watertown Humane Society for the Music on Main Event at 1 West Main Street (Town Square) on October 17, 2026 during the hours of 5pm-9pm
- B. Review and take action: application for a Temporary Class "B" Beer license from Watertown Humane Society for the Cruisin for Critters Event at 1907 Market Way on October 18, 2026 during the hours of 11am-4pm

3. ADJOURNMENT

Persons requiring other reasonable accommodations for any of the above meetings, may contact the office of the City Clerk at cityclerk@watertownwi.gov phone 920-262-4000

A quorum of any City of Watertown Council, Committee, Board, Commission, or other body, may be present at this meeting for observing and gathering of information only

Form
AB-220

Temporary Alcohol Beverage License

Municipality

C. Watertown

License(s) Requested	Fees	
☐ Temporary "Class B" Wine	☒ Temporary Class "B" Beer	License Fees \$
		Background Check \$
		Total Fees \$

Part A: Organization Information			
1. Organization Name Watertown Humane Society			
2. Organization Permanent Address 418 Water Tower Ct.			
3. City Watertown		4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)			
7. FEIN 39-1097337	8. Date of Organization/Incorporation 07/01/76	9. State of Organization/Incorporation Wisconsin	
10. Phone (920) 261-1270	11. Email manager@whsadopt.org		
12. Organization type (check one) ☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization ☒ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? ☒ Yes ☐ No			
14. Wisconsin Seller's Permit Number (if applicable) 456-0000318045-02			

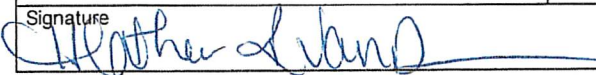
Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
VanDam	Heather	Executive Director	(920) 261-1270
Bocher	Kendall	Board President	(920) 988-0900
Grauer	Tammy	Board Vice President	(920) 894-8695
Hendricks	Sara	Board Secretary	(920) 988-5555
Chaney	Dorothy	Board Treasurer	(773) 372-3555

Continued →

Music on Main Updated Location

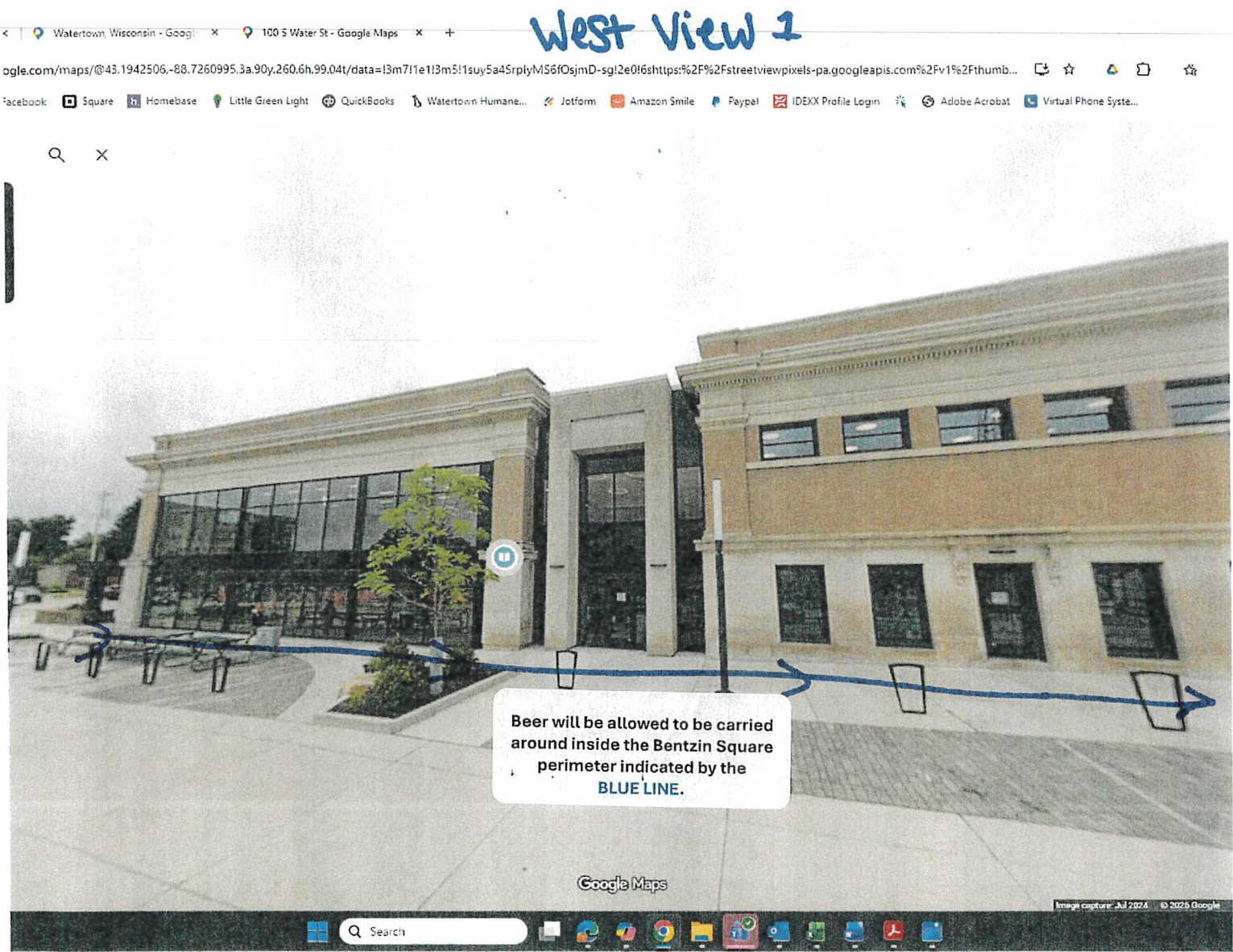
Section 2, Item A.

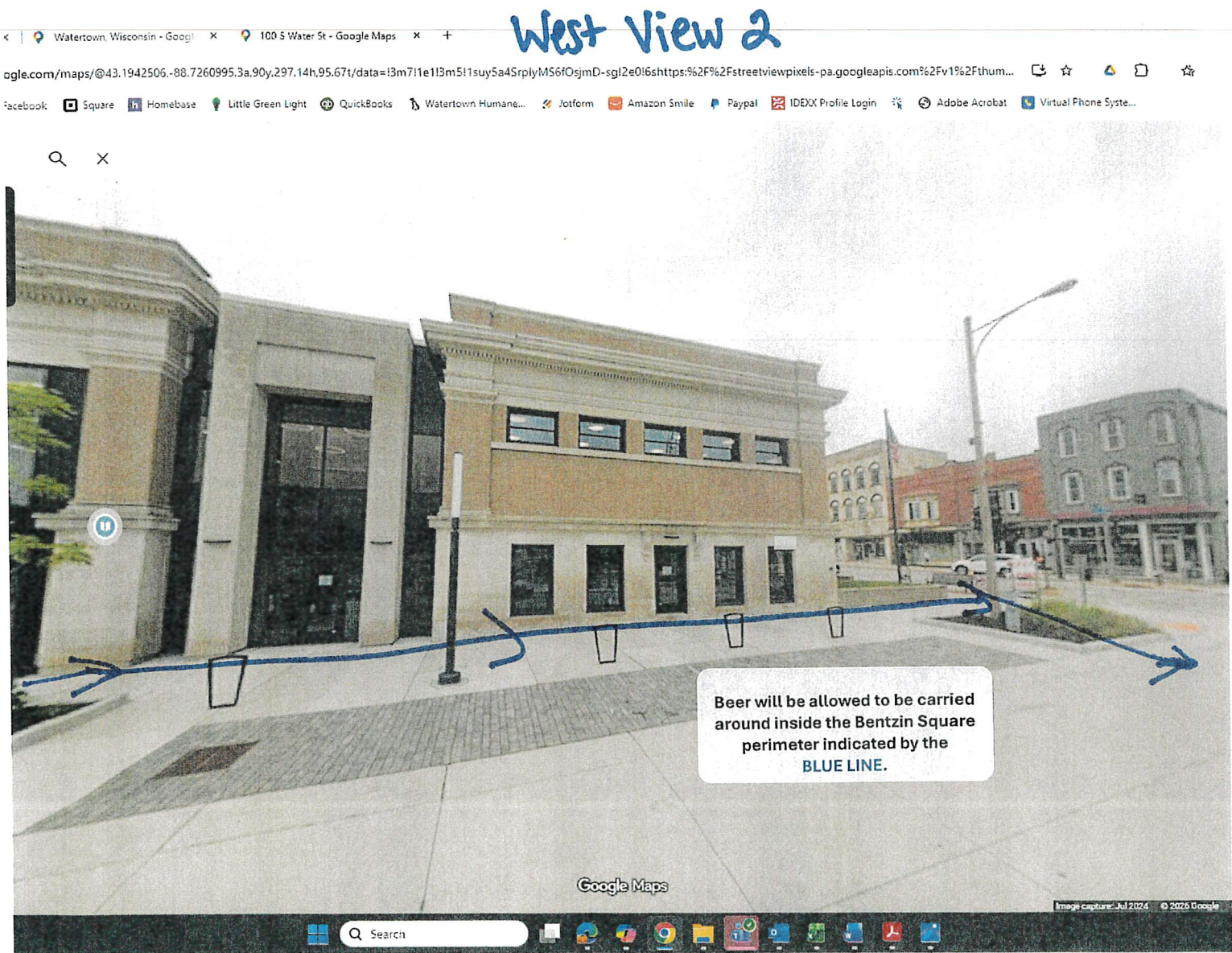
Part C: Event Information			
1. Name of Event (if applicable) Music On Main			
2. Dates of Operation 10-18-2026		3. Hours of Operation 11am-4pm 5pm-9pm	
4. Premises Address 1 West Main Street			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality ☒ City ☐ Town ☐ Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Heather VanDam		12. Email and/or Phone Number for Organizer of Event manager@whsadopt.org	
13. Organizer Website www.whsadopt.org		14. Event Website n/a	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. The beer will be purchased from a distributor and kept in the beer cooler next to the sidewalk. The beer will sold from the cooler on the sidewalk on the square. The beverage consumers will be allowed to carry their beer around Bentzin Square. The beer will not be allowed outside the designated area by the music shell on Bentzin Square.			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name VanDam	First Name Heather	M.I. R
Title Executive Director	Email manager@whsadopt.org	Phone (920) 261-1270
Signature 		Date 09/21/26

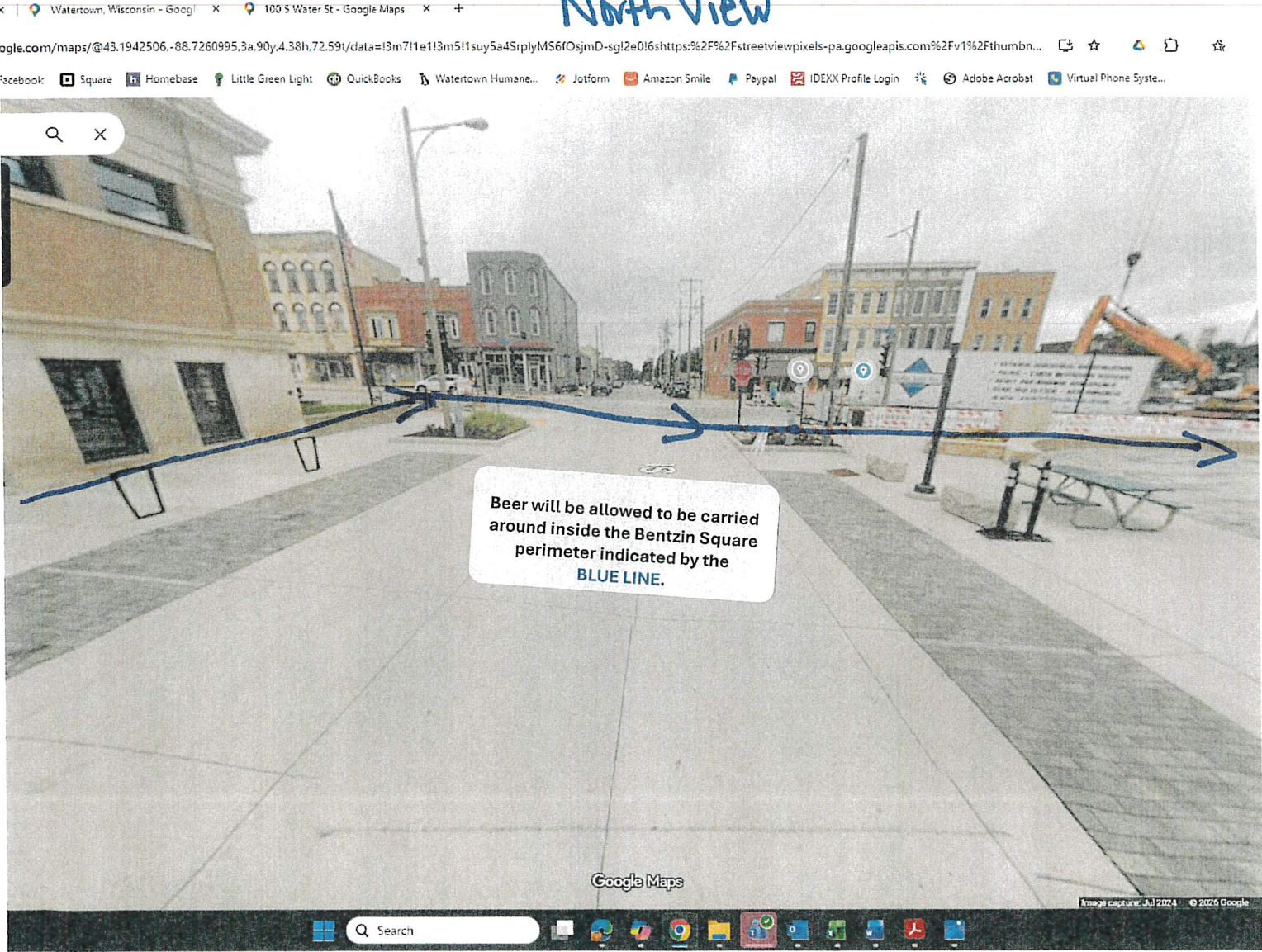
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 9-10-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



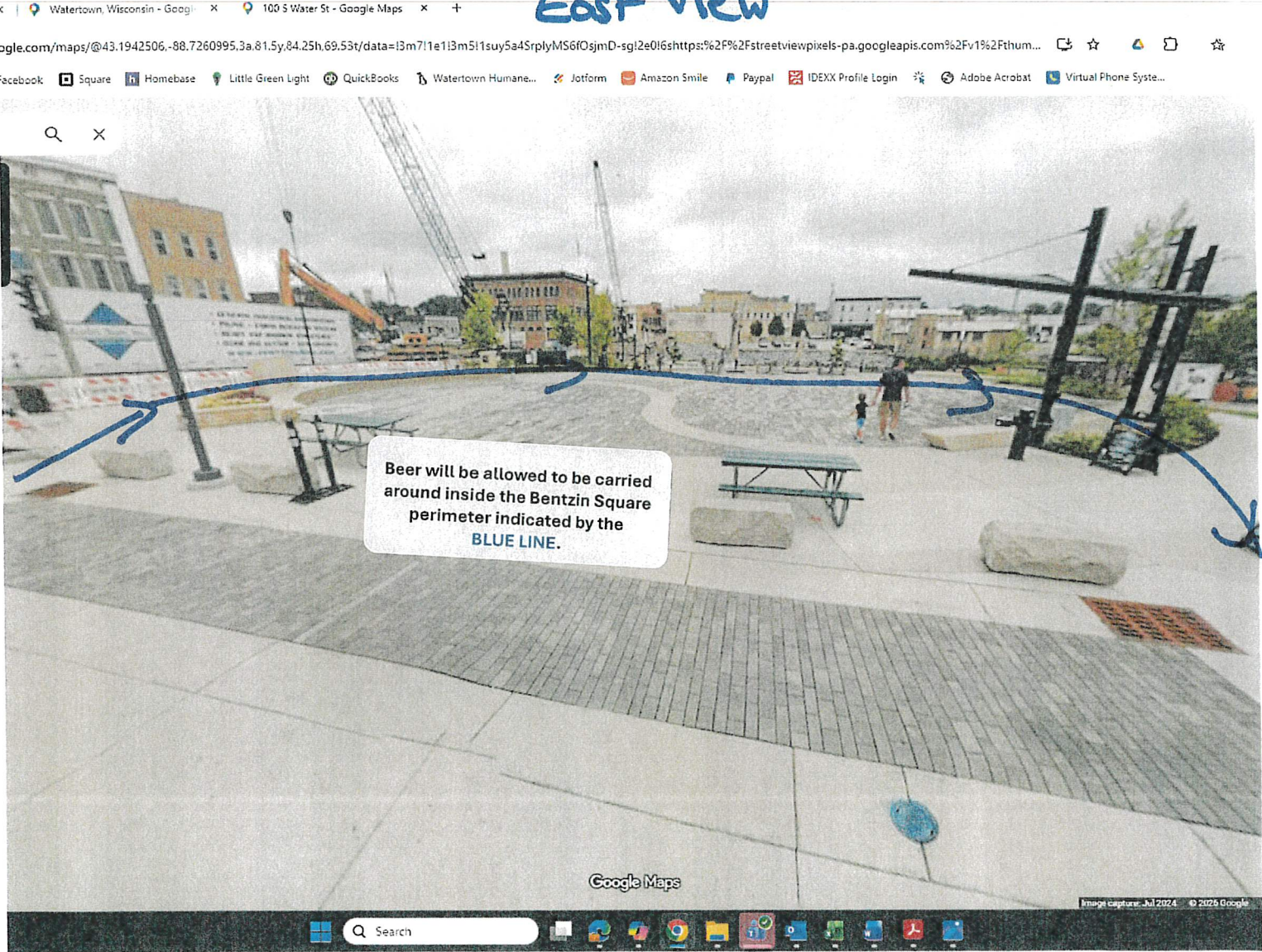




North View



East View



Form
AB-101Alcohol Beverage
Appointment of Agent

Date 9/18/26

Agent Type (check one)

☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Watertown Humane Society

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

VanDam

2. First Name

Heather

3. M.I.

R

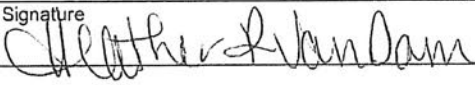
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

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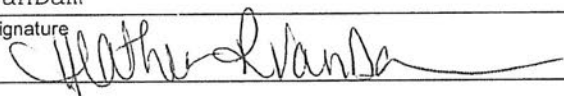
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name VanDam		First Name Heather		M.I. R
Title Executive Director		Email manager@whsadopt.org	Phone (262) 370-9586	
Signature 			Date 09/18/26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name VanDam		First Name Heather		M.I. R
Signature 			Date 09/18/26	

Form
AB-220

Temporary Alcohol Beverage License

Municipality

C-Watertown

License(s) Requested	Fees	
☐ Temporary "Class B" Wine ☒ Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$

Part A: Organization Information			
1. Organization Name WATERTOWN HUMANE SOCIETY			
2. Organization Permanent Address 418 WATER TOWER CT.			
3. City WATERTOWN		4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)			
7. FEIN 39-1097337	8. Date of Organization/Incorporation 07/01/1976	9. State of Organization/Incorporation WISCONSIN	
10. Phone	11. Email		
12. Organization type (check one) ☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization ☒ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? ☒ Yes ☐ No			
14. Wisconsin Seller's Permit Number (if applicable) 456-0000318045-02			

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
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Grauer	Tammy	Board Vice President	(262) 894-8695
Hendricks	Sara	Board Secretary	(920) 988-5555
Chaney	Dorothy	Board Treasurer	(773) 372-3555

Continued →

Updated Location Description

Section 2, Item B.

Part C: Event Information			
1. Name of Event (if applicable) Cruisin for Critters			
2. Dates of Operation 10-18-2026		3. Hours of Operation 11am-4pm	
4. Premises Address 1907 Market Way			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality ☒ City ☐ Town ☐ Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Heather VanDam		12. Email and/or Phone Number for Organizer of Event manager@whsadopt.org	
13. Organizer Website www.whsadopt.org		14. Event Website n/a	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. The beer will be purchased from a distributor and kept in the beer cooler next to the sidewalk. The beer will sold from the sidewalk right outside Watertown Liquor. The beverage consumers will be allowed to carry their beer around the car show which will be contained inside the private parking lot at 1907 Market Way. The beer will not be allowed outside the designated parking area at 1907 Market Way.			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name VanDam	First Name Heather	M.I. R
Title Executive Director	Email manager@whsadopt.org	Phone (920) 261-1270
Signature 		Date 09/21/26

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 9-10-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Megan Dunneisen

From: Heather VanDam <manager@whsadopt.org>
Sent: Monday, September 21, 2026 11:32 AM
To: Megan Dunneisen
Subject: RE: C. Watertown Temp B License

The parking lot will be closed off to visitors, only car show cars will be allowed in and parked there. The owner got permission from the surrounding businesses for visitors to park there for the event. Do you need me to update the description further for this?

Bob, the owner of the store is working on the letter from the owner of the property, I followed up with him on that again last week. They gave him verbal permission but he is aware, and so is his assistant is aware, we still need the written permission. I will follow up on that again right now.

Also I sent an updated copy of the COI to Nikki this morning as well.

Heather VanDam
 Executive Director
 Watertown Humane Society



920-261-1270

Hours of Operation:
 Mondays: Closed
 Tuesday-Friday: 10am-5pm
 Saturday: 10am-3pm
 Sunday: Closed

From: Megan Dunneisen <MDunneisen@watertownwi.gov>
Sent: Monday, September 21, 2026 11:28 AM
To: Heather VanDam <manager@whsadopt.org>
Subject: RE: C. Watertown Temp B License

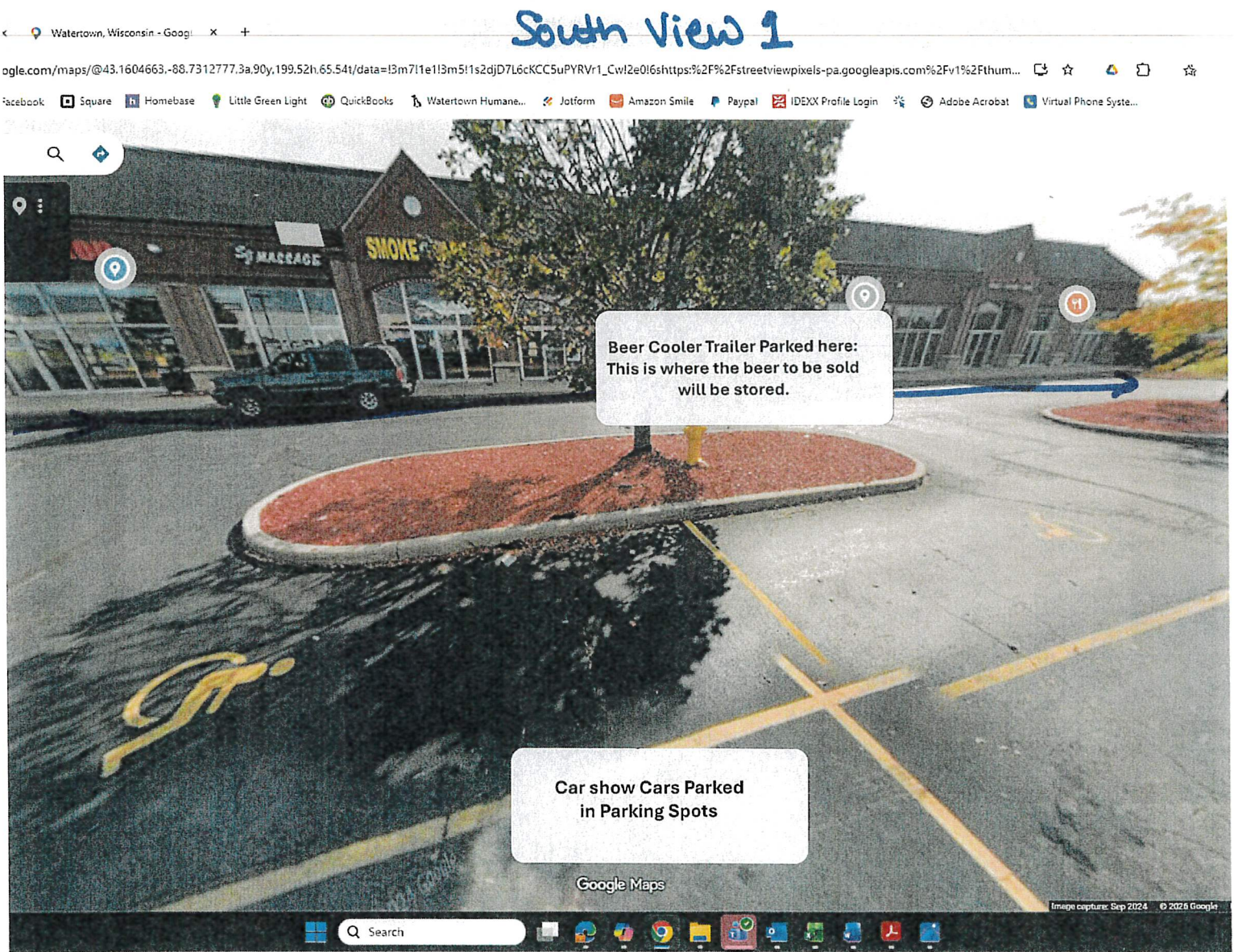
Thank you.

Double checking, the parking lot is not going to be closed off, remaining open for people to park?

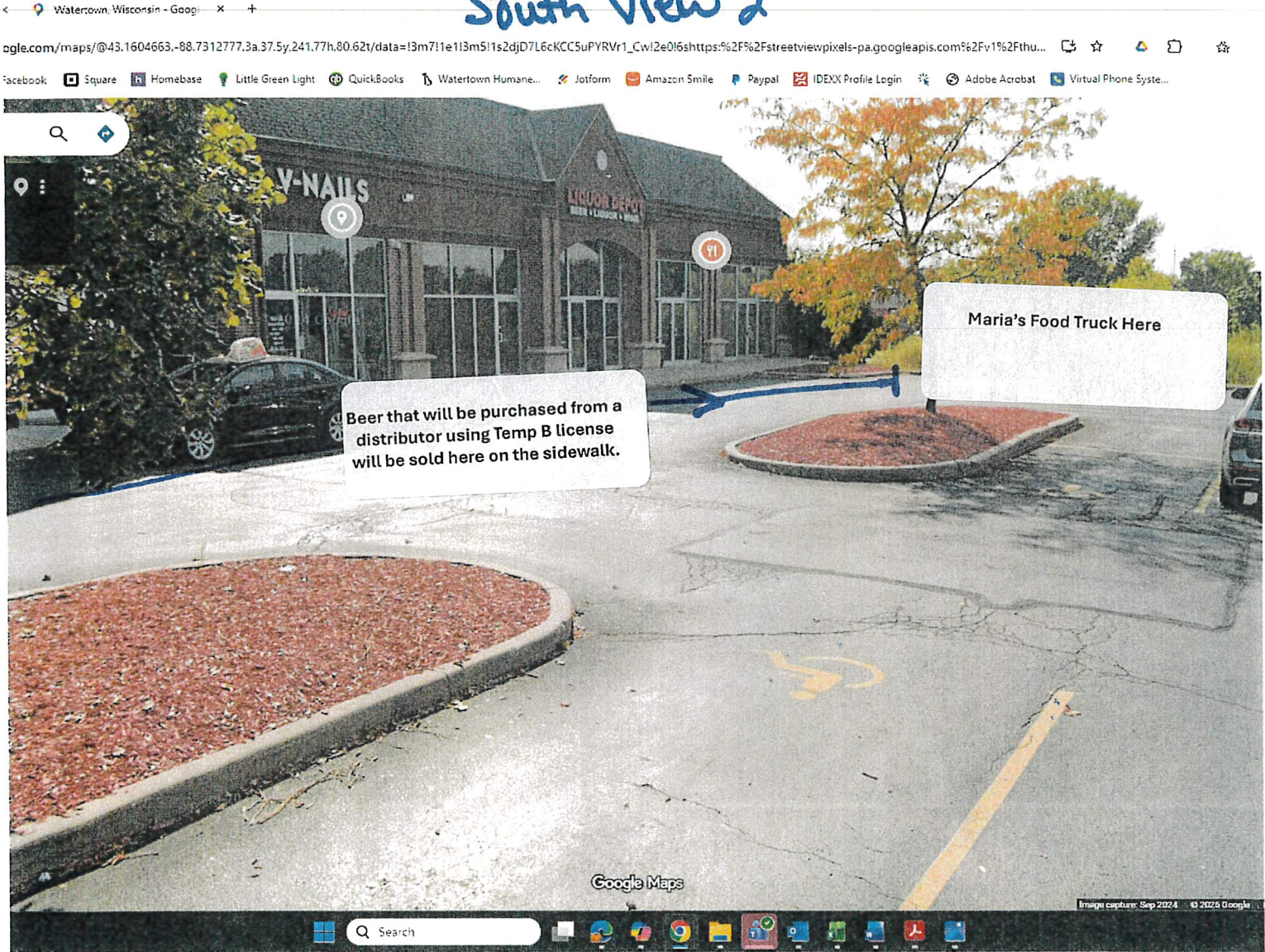
This is also needed for the special event permit, but do you have a copy of the written permission for the private parking lot use from the owner that you can provide for us to put with your files?

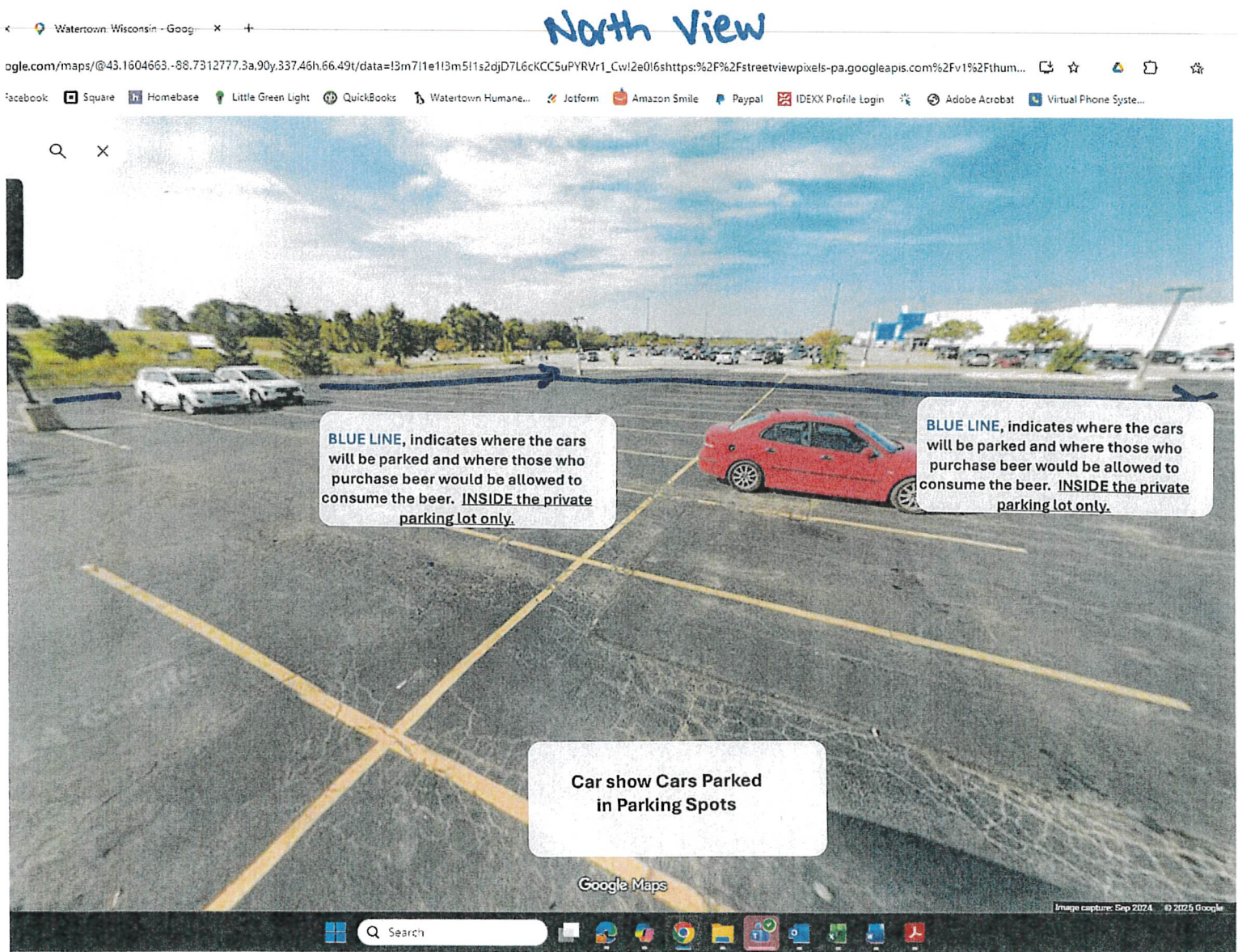
Thanks again,

Megan



South View 2





East View 1



East View 2



Form
AB-101Alcohol Beverage
Appointment of Agent

Date 9/18/26

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

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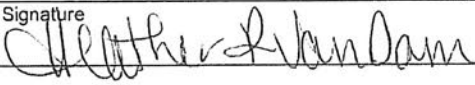
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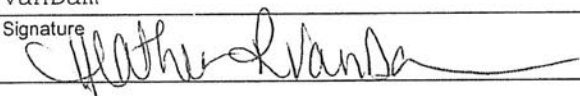
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Title Executive Director		Email manager@whsadopt.org	Phone (262) 370-9586	
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Last Name VanDam		First Name Heather		M.I. R
Signature 			Date 09/18/26	

SFP Pool Eight, LLC

September 20, 2026

To whom it may concern,

SFP Pool Eight, LLC and its managing partner Schostak Brothers & Company, Inc. grants permission of use of the parking lot at the Watertown Shopping Center located at 1907 Market Way, Watertown, WI 53094 on October 18, 2026 from 11:00am to 4:00pm for a car show. If you have any questions, you may contact me at 248-357-6157 or by email at Phillips@schostak.com. Thank you,

SFP Pool Eight, LLC

By: Schostak Brothers & Company, Inc.

Its: Managing Agent



Nichole Phillips

Sr. Property Manager