



**LICENSING BOARD MEETING - SPECIAL AGENDA**

**TUESDAY, JUNE 30, 2026 AT 6:30 PM**

**WATERTOWN MUNICIPAL BUILDING - 106 JONES STREET, WATERTOWN, WI 53094  
COUNCIL CHAMBERS**

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**1. CALL TO ORDER**

**2. BUSINESS**

- A. Review and take action: application for a Temporary "Class B" Wine and and Temporary Class "B" beer license from American Legion Pitterle-Beaudoin Post 189, Stephen Zillmer, Agent, for July 4th Celebration at Riverside Park Labaree Street on July 3rd-4th during the hours of 8am-10pm
- B. Review and take action: applications for Temporary Class "B" beer licenses from Watertown Main Street Program, Sandra Budewitz, Agent, for the Craft Beer and Bacon Walk on July 17, 2026 during the hours 5:30pm-9:00pm. Locations include White Oak Builders, 14 E. Main Street, Sassy Sweets, 116 W. Main Street, Eleven East Bakehouse, 11 E. Main Street, WI26, 117 S. Third Street, Keck Furniture. 110 E. Main Street, Mattress By Appointment, 409 E. Main Street.
- C. Review and take action: Premises Amendment application from Silver Moon Watertown located at 1601 East Gate Drive Watertown WI, 53094
- D. Review and take action: application for a "Class B" Malt and Liquor license from Lyon's Irish Pub, LLC d/b/a Lyon's Irish Pub (Carol Bohlman, Agent) located at 201 E. Main Street for licensing year July 1, 2026 - June 30, 2027
- E. Review and take action: application for a "Class B" Malt and Liquor license from Watertown Gymnastics Association d/b/a Turner Hall (Trent Nehls, Agent) located at 301 S. Fourth Street for licensing year July 1, 2026 - June 30, 2027

**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](mailto: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*

# Temporary Alcohol Beverage License

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$ 21.00
<b>Total Fees</b>		<b>\$ 31.00</b>

<b>Part A: Organization Information</b>		
1. Organization Name American Legion Pitterle-Beaudoin Post 189		
2. Organization Permanent Address 206 S First St, PO Box 22		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0784079	8. Date of Organization/Incorporation 10/10/35	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 262-9189	11. Email rogsan815@att.net	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input checked="" type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> 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? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) 456-1030347772-02		

<b>Part B: Individual Information</b>			
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
Zillmer	Stephen	Commander	(920) 960-9111
Grill	Kirk	Adjutant	(920) 285-9214
Herbert	Roger	Finance Officer	(920) 253-7373

Part C: Event Information			
1. Name of Event (if applicable) July 4th Celebration			
2. Dates of Operation July 3-4, 2026		3. Hours of Operation 8 am - 10 pm	
4. Premises Address Riverside Park			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Roger W Herbert		12. Email and/or Phone Number for Organizer of Event rogsan815@att.net 920-253-7373	
13. Organizer Website www.americanlegionpost189.org		14. Event Website same	
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. Entire Riverside Park, including, but not limited to, upper pavilion, celebration shelter, island (for fireworks).			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 Herbert		First Name Roger	M.I. W
Title Finance Officer	Email rogsan815@att.net		Phone (920) 253-7373
Signature <i>Roger W. Herbert</i>		Date 6/8/26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 6/8/26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine	License Fees
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ 14.00
	<b>Total Fees</b>	<b>\$ 24.00</b>

**Part A: Organization Information**

1. Organization Name  
Watertown Main Street Program

2. Organization Permanent Address  
519 E. Main Street

3. City  
Watertown

4. State  
WI

5. Zip Code  
53094

6. Mailing Address (if different from permanent address)

7. FEIN  
39-2008095

8. Date of Organization/Incorporation  
2000

9. State of Organization/Incorporation  
WI

10. Phone  
920 342 3623

11. Email  
watertownmainstreet@gmail.com

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)

**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
Konz	Brian	President	920.392.1191
Clifford	Kevin	V-President	920 248 6944
Budkowitz	Sandra	Treasurer	920 988 4352
Broers	Stefanie	Executive Director	920 342 3623

**Part C: Event Information**

1. Name of Event (if applicable)  
 Craft Beer + Bacon Walk

2. Dates of Operation  
 July 17, 2024

3. Hours of Operation  
 5<sup>30</sup> - 9 pm

4. Premises Address  
 Mattress By Appointment 409 E. 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)  
 Watertown Main Street Program

12. Email and/or Phone Number for Organizer of Event  
 watertownmainstreet@gmail.com

13. Organizer Website  
 watertownmainstreet.org

14. Event Website

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.  
 Samples will be served inside the business  
 stored inside the business

**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  
 Broere

First Name  
 Stefanie

M.I.  
 A

Title  
 Executive Director

Email  
 watertownmainstreet@gmail.com

Phone  
 920.342.3623

Signature  
 Stefanie Broere

Date  
 7-17-2024

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk  
 6-3-2020

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ 14.00
	<b>Total Fees</b>	<b>\$ 24.00</b>

**Part A: Organization Information**

1. Organization Name  
Watertown Main Street Program

2. Organization Permanent Address  
519 E. Main Street

3. City  
Watertown

4. State  
WI

5. Zip Code  
53094

6. Mailing Address (if different from permanent address)

7. FEIN  
392008095

8. Date of Organization/Incorporation  
2000

9. State of Organization/Incorporation  
WI

10. Phone  
920 342 3623

11. Email  
watertownmainstreet@gmail.com

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)

**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
Konz	Brian	President	920.392.1191
Clifford	Kevin	V-President	920 248 6944
Budkowitz	Sandra	Treasurer	920 988 4352
Poroere	Stefanie	Executive Director	920 342 3623

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) <i>Craft Beer + Bacon Walk</i>			
2. Dates of Operation <i>July 17, 2020</i>		3. Hours of Operation <i>5<sup>30</sup> - 9 pm</i>	
4. Premises Address <i>Keck Furniture 110 E. Main Street</i>			
5. City <i>Watertown</i>		6. State <i>WI</i>	7. Zip Code <i>53094</i>
8. County <i>Jefferson</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <i>Watertown Main Street Program</i>		12. Email and/or Phone Number for Organizer of Event <i>watertownmainstreet@gmail.com</i>	
13. Organizer Website <i>watertownmainstreet.org</i>		14. Event Website	
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. <i>Samples will be served inside the business. Stored inside the business.</i>			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 <i>Broere</i>		First Name <i>Stephanie</i>	
Title <i>Executive Director</i>		M.I. <i>A</i>	
Email <i>watertownmainstreet@gmail.com</i>		Phone <i>920 342 3623</i>	
Signature <i>Stephanie Broere</i>		Date	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk <i>6-2-2020</i>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$ 14.00
<b>Total Fees</b>		<b>\$ 24.00</b>

**Part A: Organization Information**

1. Organization Name  
Watertown Main Street Program

2. Organization Permanent Address  
519 E. Main Street

3. City  
Watertown

4. State  
WI

5. Zip Code  
53094

6. Mailing Address (if different from permanent address)

7. FEIN  
39-2008095

8. Date of Organization/Incorporation  
2000

9. State of Organization/Incorporation  
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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)

**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
Konz	Brian	President	920.392.1191
Clifford	Kevin	V-President	920 248 6944
Budkowitz	Sandra	Treasurer	920 988 4352
Poroere	Stefanie	Executive Director	920 342 3623

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) <b>Craft Beer + Bacon Walk</b>			
2. Dates of Operation <b>July 17, 2020</b>		3. Hours of Operation <b>5:30 - 9pm</b>	
4. Premises Address <b>W120 117 S. Third Street</b>			
5. City <b>Watertown</b>		6. State <b>WI</b>	7. Zip Code <b>53094</b>
8. County <b>Jefferson</b>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <b>Watertown Main Street Program</b>		12. Email and/or Phone Number for Organizer of Event <b>watertownmainstreet@gmail.com</b>	
13. Organizer Website <b>watertownmainstreet.org</b>		14. Event Website	
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.  <b>Samples will be served inside the business. Stored inside the business.</b>			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 <b>Boeere</b>		First Name <b>Stephanie</b>	M.I. <b>A</b>
Title <b>Executive Director</b>	Email <b>watertownmainstreet@gmail.com</b>	Phone <b>920 342 3023</b>	
Signature <b>Stephanie Boeere</b>		Date	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk <b>6-2-2020</b>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

License(s) Requested	Fees		
	<input type="checkbox"/> Temporary "Class B" Wine	<input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees \$ 10.00
			Background Check \$ 14.00
		Total Fees \$ 24.00	

**Part A: Organization Information**

1. Organization Name  
Watertown Main Street Program

2. Organization Permanent Address  
519 E. Main Street

3. City  
Watertown

4. State  
WI

5. Zip Code  
53094

6. Mailing Address (if different from permanent address)

7. FEIN  
39-2008095

8. Date of Organization/Incorporation  
2000

9. State of Organization/Incorporation  
WI

10. Phone  
920 342 3623

11. Email  
watertownmainstreet@gmail.com

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)

**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
Koncz	Brian	President	920.392.1191
Clifford	Kevin	V-President	920 248 6944
Budewitz	Sandra	Treasurer	920 988 4352
Broere	Stefanie	Executive Director	920 342 3623

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) <b>Craft Beer + Bacon Walk</b>			
2. Dates of Operation <b>July 17, 2020</b>		3. Hours of Operation <b>5<sup>30</sup> - 9 pm</b>	
4. Premises Address <b>Eleven East Bakehouse 11 E. Main Street</b>			
5. City <b>Watertown</b>		6. State <b>WI</b>	7. Zip Code <b>53094</b>
8. County <b>Jefferson</b>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <b>Watertown Main Street Program</b>		12. Email and/or Phone Number for Organizer of Event <b>watertownmainstreet@gmail.com</b>	
13. Organizer Website <b>watertownmainstreet.org</b>		14. Event Website	

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.

**Samples will be served inside the business.  
Stored inside the business.**

**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 <b>Boeere</b>	First Name <b>Stefanie</b>	M.I. <b>A</b>
Title <b>Executive Director</b>	Email <b>watertownmainstreet@gmail.com</b>	Phone <b>920 342 3023</b>
Signature <b>Stefanie Boeere</b>		Date

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk <b>6-2-2020</b>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$ 14.00
	<b>Total Fees</b>	<b>\$ 24.00</b>

**Part A: Organization Information**

1. Organization Name  
Watertown Main Street Program

2. Organization Permanent Address  
519 E. Main Street

3. City  
Watertown

4. State  
WI

5. Zip Code  
53094

6. Mailing Address (if different from permanent address)

7. FEIN  
39-2008095

8. Date of Organization/Incorporation  
2000

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WI

10. Phone  
920 342 3623

11. Email  
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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)

**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
Konz	Porian	President	920.392.1191
Clifford	Kevin	V-President	920 248 6944
Budkowitz	Sandra	Treasurer	920 988 4352
Poroere	Stefanie	Executive Director	920 342 3623

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) <b>Craft Beer + Bacon Walk</b>			
2. Dates of Operation <b>July 17, 2026</b>		3. Hours of Operation <b>5<sup>30</sup> - 9 pm</b>	
4. Premises Address <b>Sassy Sweets 116 W. Main Street</b>			
5. City <b>Watertown</b>		6. State <b>WI</b>	7. Zip Code <b>53094</b>
8. County <b>Jefferson</b>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <b>Watertown Main Street Program</b>		12. Email and/or Phone Number for Organizer of Event <b>watertownmainstreet@gmail.com</b>	
13. Organizer Website <b>watertownmainstreet.org</b>		14. Event Website	
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. <b>Samples will be served inside the business. Stored inside the business.</b>			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 <b>Boere</b>	First Name <b>Stephanie</b>	M.I. <b>A</b>	
Title <b>Executive Director</b>	Email <b>watertownmainstreet@gmail.com</b>	Phone <b>920 342 3023</b>	
Signature <b>Stephanie Boere</b>		Date	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk <b>6-2-2026</b>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

**Temporary Alcohol Beverage License**

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$ 14.00
<b>Total Fees</b>		<b>\$ 24.00</b>

**Part A: Organization Information**

1. Organization Name  
Watertown Main Street Program

2. Organization Permanent Address  
519 E. Main Street

3. City  
Watertown

4. State  
WI

5. Zip Code  
53094

6. Mailing Address (if different from permanent address)

7. FEIN  
39-2008095

8. Date of Organization/Incorporation  
2000

9. State of Organization/Incorporation  
WI

10. Phone  
920 342 3623

11. Email  
watertownmainstreet@gmail.com

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)

**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
Konz	Brian	President	920.392.1191
Clifford	Kevin	V-President	920 248 6944
Budekowitz	Sandra	Treasurer	920 988 4352
Broere	Stefanie	Executive Director	920 342 3623

Continued →

**Part C: Event Information**

1. Name of Event (if applicable)  
**Craft Beer + Bacon Walk**

2. Dates of Operation **July 17, 2020**      3. Hours of Operation **5<sup>30</sup> - 9 pm**

4. Premises Address  
**White Oak 14 E. Main Street**

5. City **Watertown**      6. State **WI**      7. Zip Code **53094**

8. County **Jefferson**      9. Governing Municipality  City  Town  Village      10. Aldermanic District

11. Organizer of Event (if not the named applicant) **Watertown Main Street Program**      12. Email and/or Phone Number for Organizer of Event **watertownmainstreet@gmail.com**

13. Organizer Website **watertownmainstreet.org**

14. Event Website

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.  
**Samples will be served inside the business.**  
**Stored inside the business.**

**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 **Broere**      First Name **Stefanie**      M.I. **A**

Title **Executive Director**      Email **watertownmainstreet@gmail.com**      Phone **920 342 3023**

Signature **Stefanie Broere**      Date

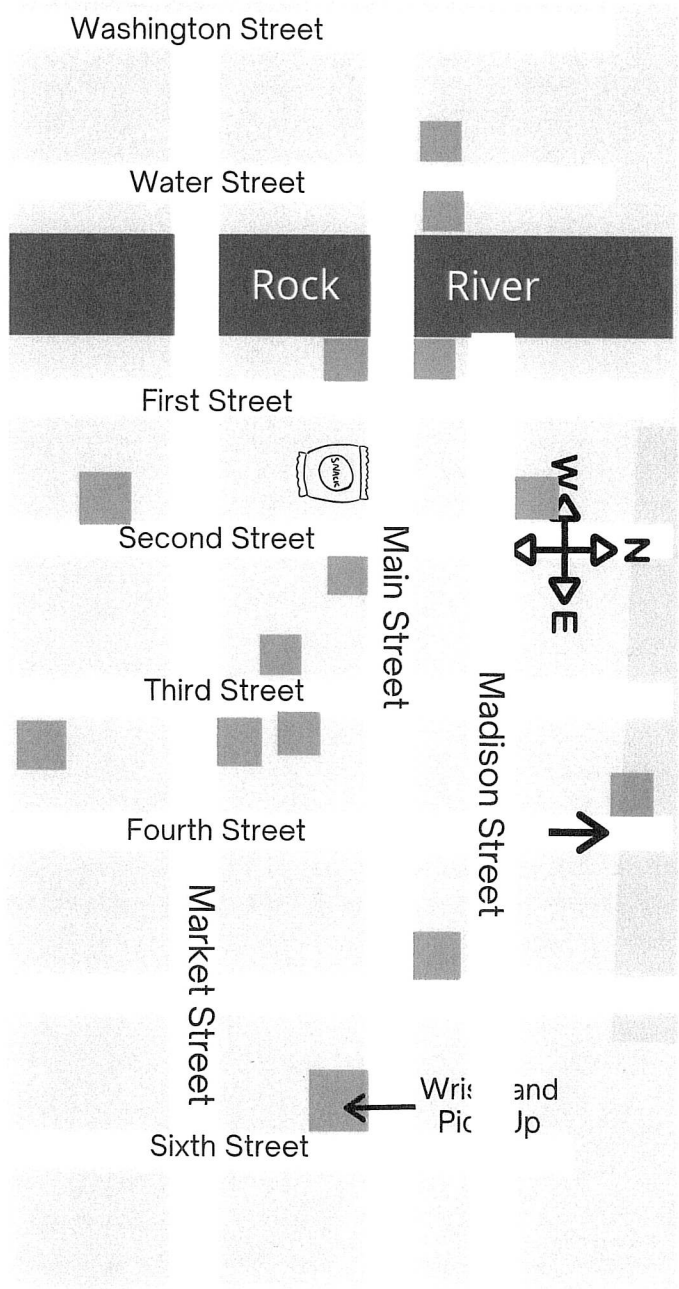
**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk **6-2-2020**      License Number

Date License Granted      Date License Issued

Signature of Clerk/Deputy Clerk

# EVENT MAP



### Craft Beer & Bacon Walk

July 17, 2026

5:30-9:00PM

	Location	Address
	Drafty Cellar	110 S. 3 <sup>rd</sup> Street
x	Eleven East Bakehouse and Mercantile	11 E Main Street
	Goose & Gander	200 N. 2 <sup>nd</sup> Street
x	Keck Furniture	110 E. Main Street
	Local Waters	109 S. 3 <sup>rd</sup> Street
	Lyons Irish Pub	201 E. Main Street
	Pine Hill Farm	200 W. Main Street
	The Riff Dive Bar	215 S. 3 <sup>rd</sup> Street
x	Sassy Sweets	116 W. Main St.
	The Silver Eagle Saloon	207 S. 2 <sup>nd</sup> Street
	The Score Sport Bar	300 N. 4 <sup>th</sup> Street
	Uptown Bar & Grill	416 E. Main Street
x	White Oak Essentials	14 E. Main Street
x	WI 26	117 S. 3 <sup>rd</sup> Street

x Mattress By Appointment 409 E. Main Street

**1507723**

**Office of Register of Deeds  
Jefferson County, WI  
RECEIVED FOR RECORD  
05/26/2026 01:09:37 PM  
Staci M. Hoffman  
Total Pages: 2  
REC FEE: 30.00  
TRANSFER FEE:  
EXEMPT #**

Document No.

Document Title

**CONDITIONAL USE PERMIT BY THE  
CITY OF WATERTOWN PLANNING COMMISSION**

On April 27, 2026, the applicant hereinafter described, petitioned for, and was granted by the Watertown Planning Commission, a Conditional Use Permit as hereinafter described, that the said premises, which use is not a permitted-by-right principal or accessory use in the zoning district classification within which the premises are encompassed. This Conditional Use Permit is personal in nature with the owner(s) and applicant/operator(s) below, is not binding on successors in interest, and does not run with the land. Upon any transfer, sale, gift, or other conveyance of the property, the Conditional Use Permit will terminate and expire unless renewed via a Successor Conditional Use Permit within 12 months of any transfer, sale, gift or other conveyance of the property. Failure to renew via Successor Conditional Use Permit within 12 months of any transfer, sale, gift or other conveyance of the property will result in expiration and termination of the Conditional Use Permit and will require reapplication and approval by the Watertown Planning Commission. In the event that the approved conditional use is discontinued for a period exceeding 365 days, the approved conditional use shall be invalidated automatically.

Return to:

City Clerk  
106 Jones Street  
Watertown, WI 53094-0477

291-0815-0233-001

1. Applicant: Silver Moon Tavern LLC
2. Owner(s) of premises: Silver Moon Tavern LLC
3. Address of owner(s) of premises: 8153 W. Wisconsin Avenue, Wauwatosa, WI 53213
4. Address of premises: 1601 East Gate Drive, Watertown, WI 53094
5. Legal description of premises: Lot 1 of Certified Survey Map No. 1834 recorded in Volume 6 of Certified Surveys on Page 20, as Document No. 804031 being a part of the Southwest ¼ of the Southwest ¼ of Section 2, Township 8 North, Range 15 East, City of Watertown, Jefferson County, Wisconsin.
6. Zoning district classification: GB, General Business
7. Description of conditional use: A bar/restaurant facility under Indoor Commercial Entertainment, Section §550-33B(2)(g) with a relocation of the outdoor seating/serving area from the previously approved 1,000 sq ft of the lower patio to the 743 sq ft upper patio under Outdoor Commercial Entertainment Incidental to Indoor Commercial Entertainment, Section §550-33C(2)(f).
8. Conditions:
  - A. The Outdoor Commercial Entertainment activity area shall only operate in the approved area between the hours of 7:00 a.m. and 10:00 p.m. on any day and only when the Indoor Commercial Entertainment activity is open.

Let copies of this order be filed in the permanent records of the Common Council of the City of Watertown, let a copy of this permit be recorded at the Jefferson County Register of Deeds as a covenant on the title for the premises for which this Conditional Use is granted, and let copies be sent to the proper City authorities and the Owner/Applicant, as applicable.

Dated this 6 day of May, 2026

By: Robert Stocks  
Robert Stocks, Planning Commission Chairman

ATTEST:

By: Megan Dunneisen  
Megan Dunneisen, City Clerk

STATE OF WISCONSIN)  
(SS  
JEFFERSON COUNTY )

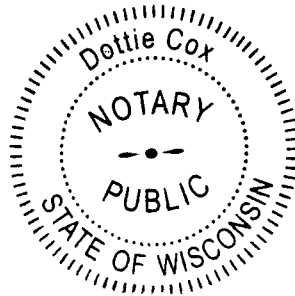
Personally came before me this 6<sup>th</sup> day of May, 2026, to me know to be the persons who executed the foregoing instrument.

Print name: Dottie Cox

Notary Public: Dottie Cox, Jefferson County, WI

My commission is permanent. If not, state expiration date: 07/31/2026

This instrument drafted by:  
Brian Zirbes  
City of Watertown Zoning Administrator







# C. WATERTOWN ALCOHOL LICENSE PREMISES AMENDMENT APPLICATION

**\*\*Map of the proposed area must be attached to this application\*\***  
**\*\*\$10.00 Non-Refundable Fee due at time of submittal\*\***

Date Applied: 6/24/2026

Name of Applicant: Elizabeth Ballard  
(Must be owner listed on original liquor license app)

Legal and DBA Name of Establishment: Silver Moon Watertown

Address of Premise: 1601 East Gate Drive Watertown WI 53094

Is this a **PERMANENT OR TEMPORARY** Amendment? Permanent

If permanent have you contacted Building, Safety, and Zoning to confirm an outside sales area is allowed for your location? Yes and Was Approved

Date(s) of Premises Amendment if Temporary: N/A

Hours requested if Temporary: N/A

Describe proposed amendment (include dimensions): 25X35

Patio Located off the Restaurant Side that is fully enclosed. Open During Regular Hours of 7am to 10pm.

Reason for amendment if permanent **OR** Name and description of event if temporary:  
Moving to upper patio for outdoor seating for restaurant

*\*\*By signing below, I am certifying that all the above information is true and correct, I have read and understand the requirements in Section 220-9 F of the Watertown Municipal Code, and I understand that fees will not be refunded if application is denied or withdrawn. \*\**

*Ballard*

**Signature of Applicant**

### OFFICE USE ONLY

Outside sales is a permitted use of this property or a Conditional Use Permit has been approved per zoning if this is a permanent request? \_\_\_\_\_

Application granted or denied (circle) by City Council on \_\_\_\_\_ (date)

City inspections approved on \_\_\_\_\_ (date)

Approved license issued on \_\_\_\_\_ (date)

(make copy of license to attach to application)

Revised 4/15/2026



BUILDING SAFETY & ZONING DIVISION  
PLAN COMMISSION STAFF REPORT

TO: Plan Commission  
DATE: April 27<sup>th</sup>, 2026  
SUBJECT: 1601 East Gate Drive, Conditional Use Permit - CUP

A request by Jamie Reich, agent for the Silver Moon Tavern, for a Conditional Use Permit (CUP) for 'Outdoor Commercial Entertainment incidental to Indoor Commercial Entertainment'. Parcel PIN(s): 291-0815-0233-001

SITE DETAILS:

Acres: 4.06  
Current Zoning: General Business (GB)  
Existing Land Use: Bar/Restaurant  
Future Land Use Designation: Neighborhood Mixed Use

BACKGROUND AND APPLICATION DESCRIPTION:

The applicant is seeking approval of conditional use permit for 'Outdoor Commercial Entertainment Incidental to Indoor Commercial Entertainment' to relocate an outdoor seating/serving area. The Outdoor Commercial Entertainment area proposed via the CUP will be moved from the previously approved 1,000 sq ft of the lower patio to the 743 sq ft upper patio.

STAFF EVALUATION:

Land Use and Zoning:

1. Within the General Business (GB) Zoning District, 'Outdoor Commercial Entertainment incidental to Indoor Commercial Entertainment' is an accessory land use permitted as a conditional use [per § 550-33C(2)(f)]. 'Outdoor Commercial Entertainment incidental to Indoor Commercial Entertainment' includes activity conducted incidental to the principal land use of 'indoor commercial entertainment' on the same site [per § 550-56BB].

Applicable regulations for 'Outdoor Commercial Entertainment incidental to Indoor Commercial Entertainment' land uses include the following:

- o Shall comply with all conditions of § 550-521.
- o The total area devoted to outdoor commercial entertainment shall not exceed 25% of the total area of the principle structure on the property or 1,000 square feet, whichever is less.
- o The outdoor commercial entertainment activity shall only operate between the hours of 7:00 a.m. and 10:00 p.m. on any day and only when the indoor commercial entertainment activity is open.
- o Businesses which intend to serve alcohol beverages must comply with Chapter 220 of the City of Watertown Municipal Code and must satisfy the requirements/conditions of the license for the premises.
- o Noise must comply with § 550-112, Noise standards, of this chapter.
- o Exterior lighting must comply with § 550-110, Exterior lighting standards, of this chapter.

WISCONSIN STATUES:

All Conditional Use Permits are subject to the requirements of Wisconsin Act 67.

Under 2017 Wisconsin Act 67: Section 16. 62.23 (7) (de) Conditional Use Permits.

1. 62.23 (7) (de)(1) In this paragraph:
  - a. "Conditional use" means a use allowed under a conditional use permit, special exception, or other special zoning permission issued by a city, but does not include a variance.
  - b. "Substantial evidence" means facts and information, other than merely personal preferences or speculation, directly pertaining to the requirements and conditions an applicant must meet to obtain a conditional use permit and that reasonable persons would accept in support of a conclusion.
2. 62.23 (7) (de)(2)
  - a. If an applicant for a conditional use permit meets or agrees to meet all of the requirements and conditions specified in the city ordinance or those imposed by the city zoning board, the city shall grant the conditional use permit. Any condition imposed must be related to the purpose of the ordinance and be based on substantial evidence.
  - b. The requirements and conditions described under subd. 2. a. must be reasonable and, to the extent practicable, measurable and may include conditions such as the permit's duration, transfer, or renewal. The applicant must demonstrate that the application and all requirements and conditions established by the city relating to the conditional use are or shall be satisfied, both of which must be supported by substantial evidence. The city's decision to approve or deny the permit must be supported by substantial evidence.
3. 62.23 (7) (de)(3)  
Upon receipt of a conditional use permit application and following publication in the city of a class 2 notice under ch. 985, the city shall hold a public hearing on the application.
4. 62.23 (7) (de)(4)

106 Jones Street • P.O. Box 477 • Watertown, WI 53094-0477 • Phone 920.262.4060



**BUILDING SAFETY & ZONING DIVISION**  
**PLAN COMMISSION STAFF REPORT**

Once granted, a conditional use permit shall remain in effect as long as the conditions upon which the permit was issued are followed, but the city may impose conditions such as the permit's duration, transfer, or renewal, in addition to any other conditions specified in the zoning ordinance or by the city zoning board.  
 5. 62.23 (7) (de)(5)  
 If a city denies a person's conditional use permit application, the person may appeal the decision to the circuit court under the procedures contained in par. (e) 10.

**PLAN COMMISSION DECISION:**

Outdoor Commercial Entertainment Incidental to Indoor Commercial Entertainment Land Use Criteria	Applicant Provided Substantial Evidence		Opponent Provided Substantial Evidence		PC Finds Standards Met	
	Yes	No	Yes	No	Yes	No
Shall comply with all conditions of § 550-52I. (Outdoor Commercial Entertainment) <ul style="list-style-type: none"> <li>▪ Activity areas shall not be located closer than 75 feet to a residentially zoned property.</li> <li>▪ Facility shall provide bufferyard with minimum opacity of 0.80 along all borders of the property abutting residentially zoned property.</li> <li>▪ Parking requirements. One space for every three persons at the maximum capacity of the establishment.</li> </ul>	<u>Yes</u>	No	Yes	<u>No</u>	<u>Yes</u>	No
The total area devoted to outdoor commercial entertainment shall not exceed 25% of the total area of the principle structure on the property or 1,000 square feet, whichever is less.	<u>Yes</u>	No	Yes	<u>No</u>	<u>Yes</u>	No
The outdoor commercial entertainment activity shall only operate between the hours of 7:00 a.m. and 10:00 p.m. on any day and only when the indoor commercial entertainment activity is open.	<u>Yes</u>	No	Yes	<u>No</u>	<u>Yes</u>	No
Businesses which intend to serve alcohol beverages must comply with Chapter 220 of the City of Watertown Municipal Code and must satisfy the requirements/conditions of the license for the premises.	<u>Yes</u>	No	Yes	<u>No</u>	<u>Yes</u>	No
Noise must comply with § 550-112, Noise standards, of this chapter.	<u>Yes</u>	No	Yes	<u>No</u>	<u>Yes</u>	No
Exterior lighting must comply with § 550-110, Exterior lighting standards, of this chapter.	<u>Yes</u>	No	Yes	<u>No</u>	<u>Yes</u>	No

If Plan Commission answers "no" to any of the questions, above, the CUP must be denied. Otherwise, proceed to the conditions of approval.

**PLAN COMMISSION OPTIONS:**

The following are possible options for the Plan Commission:

1. Deny the Conditional Use Permit, based on failure to provide substantial evidence to meet one or more of the regulatory standards.
2. Approve the Conditional Use Permit without conditions, based on successfully providing substantial evidence of regulatory compliance.
3. Approve the Conditional Use Permit with conditions as identified by the Plan Commission:

**STAFF RECOMENDATION:**

- Staff recommends approval of this Conditional Use Permit with conditions:

106 Jones Street • P.O. Box 477 • Watertown, WI 53094-0477 • Phone 920.262.4060



**BUILDING SAFETY & ZONING DIVISION  
PLAN COMMISSION STAFF REPORT**

- The Outdoor Commercial Entertainment activity area shall only operate in the approved area between the hours of 7:00 a.m. and 10:00 p.m. on any day and only when the indoor commercial entertainment activity is open.

**ATTACHMENTS:**

- Application materials

# Alcohol Beverage License Application

For Municipal	Section 2, Item D.
Municipality CITY OF WATERTOWN	
License Period 07/01/2026-06/30/2027	

**Application Type** (check one)

Initial (New)       Renewal

<b>License(s) Requested:</b> (up to two boxes may be checked)		<b>Fees</b>	
<input type="checkbox"/> Class "A" Beer ..... \$ _____	<input checked="" type="checkbox"/> Class "B" Beer ..... \$ <u>100</u>	License Fee(s)	\$ <u>600</u>
<input type="checkbox"/> "Class A" Liquor ..... \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>500</u>	Background Check Fee	\$ <u>7</u>
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee	\$ <u>300</u> (late)
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor ..... \$ _____	<b>Total Fees</b>	\$ <u>907</u>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship)  
Lyons Irish Pub, LLC

2. Business Trade Name or DBA  
Lyons Irish Pub

3. FEIN 26-2595786      4. Wisconsin Seller's Permit Number 456-102308-1645-04

5. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? .....  Yes     No  
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WI      8. Date of Organization 10-18-2024      9. Wisconsin DFI Registration Number exempt

10. Premises Address  
201-203 E. Main St.

11. City Watertown      12. State WI      13. Zip Code 53094

14. County Jefferson      15. Governing Municipality:  City     Town     Village  
 of: Watertown

16. Aldermanic District 7

17. Premises Phone 920-262-6336      18. Premises Email clbwtm@yahoo.com      19. Website

20. Premises Description  
**Initial (New Applicants Only):** Describe the building or buildings where alcohol beverages are produced, 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.  
**Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City      23. State      24. Zip Code

**Part B: Questions**

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.  Yes     No  
 If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages.  Yes  No  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler?  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion.  Yes  No  
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?  Yes  No  
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees?  Yes  No

**Part C: Individual Information**

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

**Part D: Attestation**

One of the following must sign and attest to this application:  
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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 <i>Bohman</i>		First Name <i>Carol</i>		M.I. <i>L.</i>
Title <i>owner</i>	Email <i>clbwtm@yahoo.com</i>		Phone <i>9202851277</i>	
Signature <i>Carol L. Bohman</i>			Date <i>6-15-2026</i>	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk <i>6-15-2026</i>	License Number <i>37</i>	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



# Alcohol Beverage License Application

For Municipal	Section 2, Item E.
Municipality CITY OF WATERTOWN	
License Period 07/01/2026 - 06/30/2027	

**Application Type** (check one)

Initial (New)                       Renewal

<b>License(s) Requested:</b> (up to two boxes may be checked)	<b>Fees</b>
<input type="checkbox"/> Class "A" Beer ..... \$ _____	License Fee(s) \$ 600
<input checked="" type="checkbox"/> Class "B" Beer ..... \$ 100	Background Check Fee \$ 2100
<input type="checkbox"/> "Class A" Liquor ..... \$ _____	Publication Fee \$ 300
<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ 500	<b>Total Fees</b> \$ 92100
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	
<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	
<input type="checkbox"/> Above-Quota "Class B" Liquor ..... \$ _____	

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship)  
WATERTOWN GYMNASIIC ASSOCIATION

2. Business Trade Name or DBA  
TURNER HALL

3. FEIN 39-1734965                      4. Wisconsin Seller's Permit Number 456-1020152163-03

5. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? .....  Yes     No  
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WI                      8. Date of Organization 8/21/1860                      9. Wisconsin DFI Registration Number W033556

10. Premises Address  
301 S. 4th ST.

11. City WATERTOWN                      12. State WI                      13. Zip Code 53094

14. County JEFFERSON                      15. Governing Municipality:  City     Town     Village                      16. Aldermanic District of WATERTOWN

17. Premises Phone (920) 261-5481                      18. Premises Email Watertownturners@gmail.com                      19. Website turnerhallwatertown.com

20. Premises Description  
**Initial (New Applicants Only):** Describe the building or buildings where alcohol beverages are produced, 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.  
**Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)  
P.O. Box 95

22. City WATERTOWN                      23. State WI                      24. Zip Code 53094

**Part B: Questions**

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.  Yes     No  
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages.  Yes  No  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler?  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion.  Yes  No  
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?  Yes  No  
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees?  Yes  No

**Part C: Individual Information**

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

**Part D: Attestation**

One of the following must sign and attest to this application:  
 • sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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 <b>ZUBKE</b>		First Name <b>DALE</b>		M.I. <b>E</b>
Title <b>PRESIDENT</b>	Email <b>zubcheck@hotmail.com</b>		Phone <b>(920)344-9076</b>	
Signature <i>Dale E Zubke</i>			Date <b>6-17-26</b>	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk <b>6-18-2026</b>	License Number <b>46</b>	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form  
AB-200AA

**Alcohol Beverage License Application**  
Appendix A - List of Persons Involved in the Applicant Business

Application Type (check one)

Initial (New)  Renewal

License Period  
7/1/26 - 6/30/27

\*Status Definitions

**New:** All entries on a new application or any person added to a renewal application for the first time.  
**Remove:** This person no longer has a relationship to the applicant business.  
**Update:** There are changes to this person's personal or contact information, or their relationship to the applicant business.  
**No Change:** There are no changes to this person's personal or contact information, or their relationship to the applicant business.

**Instructions**

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications. The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

1. Legal Business Name (individual name if sole proprietorship)  
WATER TOWN GYMNASIUM ASSOCIATION

2. Business Trade Name or DBA  
TURNER HALL

3. FEIN  
39-1734965

**Listings of Persons Involved in Applicant Business**

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
DALE E.	ZUBKE	PRESIDENT	(920) 344-9076	zubcheck@hotmail.com	NO CHANGE
TIFFANY A.	NEHLS	VICE-PRESIDENT	(920) 253-0059	rebeccamanke93@gmail.com	NO CHANGE
REBECCA A.	MANKE	SECRETARY	(920) 285-2653	trexan@nehls@gmail.com	NO CHANGE
WILLIAM J.	MARON	TREASURER	(920) 253-0612	bmaron15@gmail.com	NO CHANGE
TRENT L.	NEHL	AGENT	(920) 988-5288	trent1971@yahoo.com	NO CHANGE

AB-200AA (N. 2-26)