



COMMON COUNCIL MEETING - SPECIAL AGENDA

TUESDAY, JUNE 30, 2026 AT 7:00 PM

MUNICIPAL BUILDING COUNCIL CHAMBERS – 106 JONES STREET, WATERTOWN, WI 53094

This meeting will be streamed live on YouTube at: www.youtube.com/c/WatertownTV

1. CALL TO ORDER

2. ROLL CALL

3. PLEDGE OF ALLEGIANCE

4. LICENSES

- 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
- F.** Review and take action: renewal application for a "Class B" Malt and Liquor license from Joery's Inc d/b/a Lindberg's By The River located at 1413 Oconomowoc Ave (David Saxby, Agent) for licensing year July 1, 2026 through June 30, 2027

5. 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

Any invocation that may be offered before the official start of the Council meeting shall be the voluntary offering of a private citizen, to and for the benefit of the Council. The views or beliefs expressed by the invocation speaker have not been previously reviewed or approved by the Council, and the Council does not endorse the religious beliefs or views of this, or any other speaker.

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
Total Fees		\$ 31.00

Part A: Organization Information				
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				

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
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			
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 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
	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
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 5³⁰ - 9 pm	
4. Premises Address Matress By Appointment 409 E. Main Street			
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: _____		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 7/17/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6-3-2024	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
	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
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 →

Part C: Event Information			
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>5³⁰ - 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>			

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 <i>Broere</i>		First Name <i>Stephanie</i>	M.I. <i>A</i>
Title <i>Executive Director</i>	Email <i>watertownmainstreet@gmail.com</i>	Phone <i>920 342 3623</i>	
Signature <i>Stephanie Broere</i>		Date	

Part E: For Clerk Use Only	
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
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
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 →

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 **5:30 - 9pm**

4. Premises Address
W124 117 S. Third 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 **Boerere** First Name **Stephanie** M.I. **A**

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

Signature **Stephanie Boerere** 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

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
	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) Craft Beer + Bacon Walk			
2. Dates of Operation July 17, 2020		3. Hours of Operation 5³⁰ - 9 pm	
4. Premises Address Eleven East Bakehouse 11 E. Main Street			
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: _____		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 Boeere		First Name Stefanie	M.I. A
Title Executive Director	Email watertownmainstreet@gmail.com	Phone 920 342 3023	
Signature Stefanie Boeere		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	

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
	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
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

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Craft Beer + Bacon Walk			
2. Dates of Operation July 17, 2026		3. Hours of Operation 5³⁰ - 9 pm	
4. Premises Address Sassy Sweets 116 W. Main Street			
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: _____		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 6-2-2026	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
	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
<i>Konz</i>	<i>Brian</i>	<i>President</i>	<i>920.392.1191</i>
<i>Clifford</i>	<i>Kevin</i>	<i>V-President</i>	<i>920 248 6944</i>
<i>Budekowitz</i>	<i>Sandra</i>	<i>Treasurer</i>	<i>920 988 4352</i>
<i>Broere</i>	<i>Stefanie</i>	<i>Executive Director</i>	<i>920 342 3623</i>

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 **5³⁰-9 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

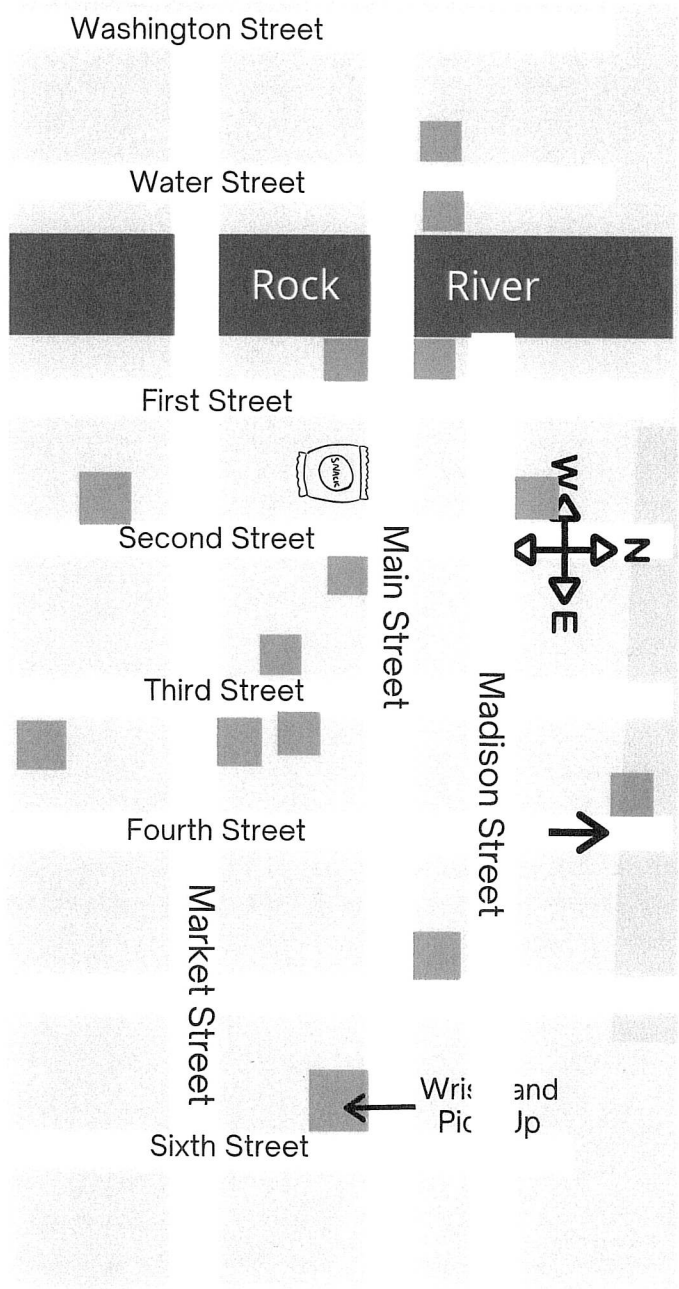
Part E: For Clerk Use Only

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

Date License Granted Date License Issued

Signature of Clerk/Deputy Clerk

EVENT MAP



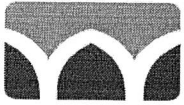
Craft Beer & Bacon Walk

July 17, 2026

5:30-9:00PM

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

x Mattress By Appointment 409 E. Main Street



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. ***

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

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)

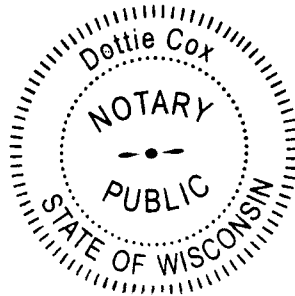
Personally came before me this 6th day of May, 2026, to me know to be the persons who executed the foregoing instrument.

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







BUILDING SAFETY & ZONING DIVISION
PLAN COMMISSION STAFF REPORT

TO: Plan Commission
DATE: April 27th, 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"> ▪ Activity areas shall not be located closer than 75 feet to a residentially zoned property. ▪ Facility shall provide bufferyard with minimum opacity of 0.80 along all borders of the property abutting residentially zoned property. ▪ Parking requirements. One space for every three persons at the maximum capacity of the establishment. 	<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 4, Item D.
Municipality CITY OF WATERTOWN	
License Period 07/01/2026-06/30/2027	

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)	Fees								
<input type="checkbox"/> Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u> <input type="checkbox"/> "Class A" Liquor \$ _____ <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>500</u> <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 \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>License Fee(s)</td> <td style="text-align: right;">\$ <u>600</u></td> </tr> <tr> <td>Background Check Fee</td> <td style="text-align: right;">\$ <u>7</u></td> </tr> <tr> <td>Publication Fee</td> <td style="text-align: right;">\$ <u>300</u> (late)</td> </tr> <tr> <td>Total Fees</td> <td style="text-align: right;">\$ <u>907</u></td> </tr> </table>	License Fee(s)	\$ <u>600</u>	Background Check Fee	\$ <u>7</u>	Publication Fee	\$ <u>300</u> (late)	Total Fees	\$ <u>907</u>
License Fee(s)	\$ <u>600</u>								
Background Check Fee	\$ <u>7</u>								
Publication Fee	\$ <u>300</u> (late)								
Total Fees	\$ <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 4, Item E.
Municipality CITY OF WATERTOWN	
License Period 07/01/2026 - 06/30/2027	

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)	Fees								
<input type="checkbox"/> Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u> <input type="checkbox"/> "Class A" Liquor \$ _____ <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>500</u> <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 \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">License Fee(s)</td> <td style="width: 30%;">\$ <u>600</u></td> </tr> <tr> <td>Background Check Fee</td> <td>\$ <u>21⁰⁰</u></td> </tr> <tr> <td>Publication Fee</td> <td>\$ <u>300</u></td> </tr> <tr> <td>Total Fees</td> <td>\$ <u>921⁰⁰</u></td> </tr> </table>	License Fee(s)	\$ <u>600</u>	Background Check Fee	\$ <u>21⁰⁰</u>	Publication Fee	\$ <u>300</u>	Total Fees	\$ <u>921⁰⁰</u>
License Fee(s)	\$ <u>600</u>								
Background Check Fee	\$ <u>21⁰⁰</u>								
Publication Fee	\$ <u>300</u>								
Total Fees	\$ <u>921⁰⁰</u>								

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 ZUBKE		First Name DALE		M.I. E
Title PRESIDENT	Email Zubcheck@hotmail.com		Phone (920)344-9076	
Signature <i>Dale E Zubke</i>			Date 6-17-26	

Part E: For Clerk Use Only

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

Form
AB-200

Alcohol Beverage License Application

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)	Fees
<input type="checkbox"/> Class "A" Beer \$ _____	License Fee(s) \$ <u>600.00</u>
<input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u>	Background Check Fee \$ <u>21.00</u>
<input type="checkbox"/> "Class A" Liquor \$ _____	Publication Fee \$ <u>300.00</u>
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	Total Fees \$ <u>921.00</u>
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	
<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	
<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
JEORY INC

2. Business Trade Name or DBA
LINDBERGS BY THE RIVER

3. FEIN 39-1179042 4. Wisconsin Seller's Permit Number 456-0000322134-03

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 WISCONSIN 8. Date of Organization 1973 APRIL 11TH 9. Wisconsin DFI Registration Number 1J03301

10. Premises Address
1413 ECONOMOWOC

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

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

17. Premises Phone 920-261-6661 18. Premises Email N/A 19. Website N/A

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.
FRONT BAR & LOCKED BAR STORAGE ROOM

21. Mailing Address (if different from premises address)

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 <i>Saxby</i>		First Name <i>DAVID</i>		M.I. <i>C</i>
Title <i>Bar Manager</i>	Email <i>N/A</i>		Phone <i>920-285-5428</i>	
Signature <i>David C Saxby</i>			Date <i>6-4-26</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>6/4/26</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

