

# LICENSING BOARD MEETING AGENDA

# WEDNESDAY, MAY 14, 2025 AT 4:15 PM

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

Virtual Meeting Info: https://us06web.zoom.us/join Meeting ID: 917 858 0897 Passcode: 53094 One tap mobile +16469313860

https://us06web.zoom.us/j/9178580897?pwd=eUOpCUyvIV65zIPMYImMdPU1LVLx5I.1

# 1. CALL TO ORDER

# 2. REVIEW AND APPROVE MINUTES

A. Licensing Board minutes from April 9, 2025

# 3. BUSINESS

- A. Review and take action: application for a "Class B" Malt and Liquor License from Wolfgram Inc dba Wolfgram (Jerry Heller, Agent) located at 301 E Main Street for licensing year July 1, 2024 – June 30, 2025
- B. Review and take action: application for a Temporary Class "B" License for the Bentzin Family Town Square Summer Concert Series event On May 31, 2025 sponsored by the Watertown Main Street Program during the hours of 5 p.m. and 10 p.m. for location 1 W. Main Street
- C. Review and take action: application for Temporary Class "B" License for the Moose Lodge Car Show event on June 12, 2025 sponsored by the Moose Lodge during the hours of 5 p.m. and 10 p.m. for location 1222 Juneau Street
- D. Review and take action: application for Temporary Class "B" Beer licenses from Watertown Main Street Program for the Craft Beer and Seltzer Walk event on Thursday, July 17, 2025 from 5:00 pm to 8:00 pm. Locations include 2OH!2 Salon 202 W. Main St., Ava's A Posh Boutique, 209 E. Main St., Bradow Jewelers, 217 E. Main St., Pine Hill Farm: Wellness Collective 200 W. Main St., Sassy Sweets Bakery 116 W. Main St., White Oak Builders, 14 E. Main St., and Wisconsin 26 Culinary Boutique 219 N. Fourth St.

# 4. **REPORTS**

- A. Review and discuss: Special Events List
- B. Review and discuss: Monthly Operator's List
- C. Review and discuss: Monthly Police Report

# 5. ADJOURNMENT

Persons requiring other reasonable accommodations for any of the above meetings, may contact the office of the City Clerk at <u>cityclerk@watertownwi.gov</u> 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



# LICENSING BOARD MEETING MINUTES

## WEDNESDAY, APRIL 09, 2025 AT 4:15 PM

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

The Licensing Board met on the above date and time in person at the Municipal Building 106 Jones St. in Room 2044 and via Zoom. The following members were present: Ald. Smith, Ald. Blanke, Erin Schroeder and Cheri Martin. Absent was Mayor McFarland. Staff present were: Police Chief David Brower, City Attorney Steven Chesebro and City Clerk Megan Dunneisen. Other members of the public were also present.

1. CALL TO ORDER – Ald. Smith (acting Chair) called the meeting to order at 4:14 p.m.

# 2. REVIEW AND APPROVE MINUTES

A. Martin made a motion to approve the Licensing Board minutes from March 12, 2025, seconded by Schroeder and carried by unanimous voice vote.

# 3. BUSINESS

- A. Schroeder made a motion to approve the application for a "Class B" Malt and Liquor License from Golden Spoon LLC DBA Golden Spoon Cafe (Argjent Jashari, Agent) located at 1300 Memorial Dr for licensing year July 1, 2024 June 30, 2025 conditioned on complete and passed city inspections, seconded by Martin and carried by unanimous voice vote.
- B. Schroeder made a motion to approve the application for a "Class B" Malt and Liquor License from 3RDSTP&G LLC dba 3rd Street Pub & Grill (Shaniyah Rhodes, Agent) located at 215 S Third Str for licensing year July 1, 2024 – June 30, 2025, conditioned on complete and passed city inspections, seconded by Martin and carried by unanimous voice vote.
- C. Martin made a motion to approve the application for Temporary "Class B" License for the Whiskey and Wine Walk event hosted by Watertown Chamber of Commerce on April 26, 2025, during the hours of 1 p.m. and 4:30 p.m. for location 116 S. Street (Rock River Financial), seconded by Ald. Blanke and carried by unanimous voice vote.
- D. Ald. Blanke made a motion to approve the application for Temporary Class "B" License for the Bentzin Family Town Square Summer Concert Series Event on June 21, 2025 sponsored by the Watertown Rotary Club during the hours of 5 p.m. and 10 p.m. for location 1 W. Main Street, seconded by Martin and carried by unanimous voice vote.
- E. Ald. Blanke made a motion to approve the application for Temporary Class "B" License for the Bentzin Family Town Square Summer Concert Series event on Sept 6, 2025 sponsored by the Watertown Rotary Club during the hours of 5 p.m. and 10 p.m. for location 1 W. Main Street, seconded Martin and carried by unanimous voice vote.
- F. Clerk Dunneisen gave an update on D&J "Class B" Transfer License Discovery of new business entity operating at new location. The license is no longer considered a transfer license, and a new application would need to be applied for. Applicants are aware and have submitted a new application and requested a provisional license under the new business name. Transfer license will not be issued.
- G. Chief Brower discussed the current timeline regarding citations and points assessed to establishment Tequila Nights. Due to the number of points that have been assessed, Chief Brower is recommending the Licensing Board consider suspension of the "Class B" Malt and Liquor License for Tequila Nights located at 617 S. 1st St, Watertown, WI 53094 (Agent Mike Martin). Owner Mike Martin and his representative were present at the meeting. City Attorney Chesebro discussed the course of action regarding the suspension process. Mike Martin and

his representative were provided with time to either contest the points or agree. After discussion Ald. Smith made a motion to approve a recommended 30-day suspension either served within the current licensing period or within three months after council approval (pending confirmation of what is allowed) served in increments of no less than 7 consecutive days, seconded by Ald. Blanke and carried by unanimous voice vote.

Martin left meeting at 5:43 p.m.

- H. Schroeder made a motion to convene into Closed Session pursuant to Wis. Stats. 19.85(1)(b) Considering licensing or discipline of any person licensed by a board or commission or the investigation of charges against such a person, and the taking of formal action on any such matter; provided that the person licensed is given actual notice of an evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action may be taken. The notice shall contain a statement that the person has the right to demand the evidentiary hearing or meeting be held in open session. This closed session does not apply to any such evidentiary hearing or meeting where the person licensed requests that an open session be held to discuss specific licenses: Application for operator license: Jessica M Reyes, seconded by Ald. Blanke and carried by roll call vote of: Yes;4 (Blanke, Schroeder, Martin, Smith), No;0.
- I. Schroeder made a motion to reconvene to open session, seconded by Ald. Blanke and carried by unanimous voice vote.
- J. Ald. Blanke made a motion to deny the application for an operator's license from Jessica M Reyes due to falsification on application, seconded by Schroeder and carried by unanimous voice vote.

# 4. **REPORTS**

- A. Special Events List was presented.
- B. Monthly Operator's List was presented.
- C. Monthly Police Report was presented.
- 5. ADJOURNMENT Ald. Blanke made a motion to adjourn the meeting at 6:06 p.m., seconded by Schroeder and carried by unanimous voice vote.

Respectfully submitted,

Megan Dunneisen, City Clerk

Note: These minutes are uncorrected, and any corrections made thereto will be noted in the proceedings at which these minutes are approved.

Form Alcoho AB-200	ol Beyerage Applicatio		(	For Muni unicipality 	Hown	Item A.
License(s) Requested: (up to two boxes may be	e checked)			Fees		٦
🗆 Class "A" Beer \$ 💽	Class "B" Beer	\$ 2.50	License Fe	es	\$ 75.01	
🗆 "Class A" Liquor \$ 🛯	"Class B" Liquor	\$ 62.51	Backgroun	d Check Fee	\$	
"Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$	Publication	Fee	\$ 300 -	=pd
"Class C" Liquor (wine only) \$			Total Fees		\$375.01	4
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole propriet for the propriet of the proprie		fgramInc.				_
3. FEIN 33-4172545		4. Wisconsin Seller's		2-14		_
5. Entity Type (check one)						
Sole Proprietor □ Partnership     State of Organization     () (SCONS) / )	Limited Liability 7. Date of Organization 7 2.4.	on		DFI Registrati	ofit Organization ion Number 2_	_
9. Premises Address 301 E Main St						
10. city Water town			11. State	12. Zip Code	gy	
13. County 1	14. Governing Municip	ality: 🔽 City 🗌 To		15. Alderman	ic District	
Jefferson 16. Premises Phone 920-318-4269	17. Premises Email	llara phoo	18. Web	l		-
<ul> <li>19. Premises Description - Describe the building or buare kept. Describe all rooms within the building, in only on the premises described in this application.</li> <li>The bar, basement, Citch</li> <li>20. Mailing Address (if different from premises address</li> </ul>	uildings where alcoho Including living quarters . Attach a map or diag en i hall	I beverages are produ	iced, sold, stored beverage activitie	s and storage		
v 01.0%			22. State	23. Zip Code		
21. City			22. Sidle	23. 210 0000		
Part B: Questions						
<ol> <li>Has the business (sole proprietorship, partner violating federal or state laws or local ordinan If yes, list the details of violation below. Attack</li> </ol>	ices? Exclude traffi	c offenses unless re	oration) been o lated to alcoho	convicted of I beverages.	🗌 Yes 🕅 N	0
Law/Ordinance Violated	Location		П	rial Date		
Penalty Imposed		Was	sentence comp	leted?	Yes N	0
Law/Ordinance Violated	Location		Т	rial Date		-
Penalty Imposed	1	Was	sentence comp	bleted?	Yes N	0

			Section 3, Ite
2. Are charges for any offense beverages.	es pending against the business? E	xclude traffic offenses unless re	elated to alcohol TYes X No
If yes, describe the nature	and status of pending charges using	g the space below. Attach addit	ional sheets as needed.
	9:		
	6 it. 66	have a set a s	un au athan valata d
individuals or entities a res	or any of its officers, directors, mem stricted investor with any interest in f the restricted investor and describ	an alcohol beverage produce	r or distributor?  Yes X No
	wned by another business entity?		
If yes, provide the name(s) 4a. Name of Business Entity	and FEIN(s) of the business entity	4b. Business Entity FEIN	al sheets as needed.
7. Does the applicant busines Part C: Individual Inform		taxes, assessments, or other fe	ees? Yes 🏹 No
ist the name title and phone nu	imber for each person or entity holding f	ne tollowing positions in the applica	ant business or businesses listed in Part B.
Question 4: sole proprietor, all offi managers, and agent of a limited	icers, directors, and agent of a corporati liability company. Attach additional shee	on or nonprofit organization, all par ts if necessary.	rtners of a partnership, and all members,
Question 4: sole proprietor, all off managers, and agent of a limited Include Form AB-100 for each pe	icers, directors, and agent of a corporati liability company. Attach additional shee rson listed below. Corporations and LLC	on or nonprofit organization, all par tts if necessary. Cs must appoint an agent by includ	rtners of a partnership, and all members,
Question 4: sole proprietor, all off managers, and agent of a limited	icers, directors, and agent of a corporati liability company. Attach additional shee	on or nonprofit organization, all par ts if necessary.	rtners of a partnership, and all members,
Question 4: sole proprietor, all off managers, and agent of a limited Include Form AB-100 for each pe	icers, directors, and agent of a corporati liability company. Attach additional shee rson listed below. Corporations and LLC First Name	on or nonprofit organization, all par tts if necessary. Cs must appoint an agent by includ	Ing Form AB-101.
Question 4: sole proprietor, all off managers, and agent of a limited Include Form AB-100 for each pe Last Name He IIer	icers, directors, and agent of a corporati liability company. Attach additional shee rson listed below. Corporations and LLC First Name	on or nonprofit organization, all par tts if necessary. Cs must appoint an agent by includ	Ing Form AB-101.
Question 4: sole proprietor, all off managers, and agent of a limited Include Form AB-100 for each pe Last Name He Her Part D: Attestation	icers, directors, and agent of a corporati liability company. Attach additional shee rson listed below. Corporations and LLC First Name JCrry	on or nonprofit organization, all par tts if necessary. Cs must appoint an agent by includ	Ing Form AB-101.
Question 4: sole proprietor, all off managers, and agent of a limited Include Form AB-100 for each pe Last Name He IIer Part D: Attestation One of the following must sign	icers, directors, and agent of a corporati liability company. Attach additional shee rson listed below. Corporations and LLC First Name JCrry	on or nonprofit organization, all par its if necessary. Cs must appoint an agent by includ Title Agent	rtners of a partnership, and all members, ling Form AB-101. Phone 920-318-4200
Question 4: sole proprietor, all off managers, and agent of a limited Include Form AB-100 for each pe Last Name Heller Part D: Attestation One of the following must sign • sole proprietor • sole proprietor • READ CAREFULLY BEFORE S I am acting solely on behalf of th rights and responsibilities confer according to the law, including by to any portion of a licensed prem revocation of this license. I unde understand that I may be prosect	icers, directors, and agent of a corporati liability company. Attach additional shee rson listed below. Corporations and LLC First Name JCrry and attest to this application: one general partner of a partnershi IGNING: Under penalty of law, I have a e applicant business and not on behalf red by the license(s), if granted, will not ut not limited to, purchasing alcohol be isses during inspection will be deemed a restand that any license issued contrary	on or nonprofit organization, all par its if necessary. Cs must appoint an agent by includ Title AgenA p • one corporate officer inswered each of the above quest of any other individual or entity se be assigned to another individual verages from state authorized who a refusal to allow inspection. Such to Wis. Stat. Chapter 125 shall b affidavits in connection with this a	rtners of a partnership, and all members, Ing Form AB-101. Phone Phon
Question 4: sole proprietor, all off managers, and agent of a limited Include Form AB-100 for each pe Last Name Heller Part D: Attestation One of the following must sign • sole proprietor • sole proprietor • READ CAREFULLY BEFORE S I am acting solely on behalf of th rights and responsibilities confer according to the law, including by to any portion of a licensed prem revocation of this license. I unde understand that I may be prosect	icers, directors, and agent of a corporati liability company. Attach additional shee rson listed below. Corporations and LLC First Name JCrry n and attest to this application: one general partner of a partnershi IGNING: Under penalty of law, I have a e applicant business and not on behalf red by the license(s), if granted, will not ut not limited to, purchasing alcohol be tises during inspection will be deemed a rstand that any license issued contrary uted for submitting false statements and formation on this application may be red	on or nonprofit organization, all par its if necessary. Cs must appoint an agent by includ Title AgenA p • one corporate officer inswered each of the above quest of any other individual or entity se be assigned to another individual verages from state authorized who a refusal to allow inspection. Such to Wis. Stat. Chapter 125 shall b affidavits in connection with this a	r • one member of an LLC ions completely and truthfully. I agree that the lor entity. I agree to operate this business olesalers. I understand that lack of access refusal is a misdemeanor and grounds for evoid under penalty of state law. I further application, and that any person who know- 000 if convicted.
Question 4: sole proprietor, all off managers, and agent of a limited Include Form AB-100 for each pe Last Name He lley Part D: Attestation One of the following must sign • sole proprietor READ CAREFULLY BEFORE S I am acting solely on behalf of th rights and responsibilities confer according to the law, including bi to any portion of a licensed prem revocation of this license. I unde understand that I may be prosecu- ingly provides materially false inf	icers, directors, and agent of a corporati liability company. Attach additional shee rson listed below. Corporations and LLC First Name JCrry n and attest to this application: one general partner of a partnershi IGNING: Under penalty of law, I have a e applicant business and not on behalf red by the license(s), if granted, will not ut not limited to, purchasing alcohol be tises during inspection will be deemed a rstand that any license issued contrary uted for submitting false statements and formation on this application may be red	on or nonprofit organization, all parties if necessary.  Cs must appoint an agent by includ  Title  AgenA  p • one corporate office  nswered each of the above quest of any other individual or entity se be assigned to another individual verages from state authorized who a refusal to allow inspection. Such to Wis. Stat. Chapter 125 shall b affidavits in connection with this a quired to forfeit not more than \$1,0  st Name  Caller & galos. Con Date	r • one member of an LLC ions completely and truthfully. I agree that the lor entity. I agree to operate this business olesalers. I understand that lack of access refusal is a misdemeanor and grounds for be void under penalty of state law. I further application, and that any person who know- 000 if convicted.
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managers, and agent of a limited Include Form AB-100 for each pe Last Name He lley Part D: Attestation One of the following must sign • sole proprietor READ CAREFULLY BEFORE S I am acting solely on behalf of th rights and responsibilities confer according to the law, including bi to any portion of a licensed prem revocation of this license. I unde understand that I may be prosect ingly provides materially false inf	icers, directors, and agent of a corporati liability company. Attach additional shee rson listed below. Corporations and LLC First Name JCrry n and attest to this application: one general partner of a partnershi IGNING: Under penalty of law, I have a e applicant business and not on behalf red by the license(s), if granted, will not ut not limited to, purchasing alcohol be hises during inspection will be deemed a protand that any license issued contrary uted for submitting false statements and formation on this application may be ref Email	on or nonprofit organization, all parties if necessary.  Cs must appoint an agent by includ  Title  AgenA  p • one corporate office  nswered each of the above quest of any other individual or entity se be assigned to another individual verages from state authorized who a refusal to allow inspection. Such to Wis. Stat. Chapter 125 shall b affidavits in connection with this a quired to forfeit not more than \$1,0  st Name  Caller & galos. Con Date	r • one member of an LLC ions completely and truthfully. I agree that the lor entity. I agree to operate this business olesalers. I understand that lack of access refusal is a misdemeanor and grounds for be void under penalty of state law. I further application, and that any person who know- boo if convicted. Phone 920 -318 - 4269

Form

Municipality C. Waterform

License(s) Requested		Fe	es	
	Temporary Class "B" Beer	License Fees	\$	10.00
Temporary "Class B" Wine		Background Check	\$	1400
		Total Fees	\$	32400

Part A: Organization Information		NO STATES
1. Organization Name Watertown Ma 2. Organization Permanent Address	in street program	
2. Organization Permanent Address	CI	
519 East Mail	n Street	
3. City Watertown		4. State 5. Zip Code WI 53094
6. Mailing Address (if different from permanent a	ddress)	
7. FEIN 39-2008095	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
10. Phone (920) 342-3623	11. Email Water town man Str	et 6) qmail
12. Organization type (check one)		
Bona Fide Club Church	Eair Association/Agricultural Socie	ety 🔲 Veteran's Organization
Lodge/Society Chambe	er of Commerce or similar Civic or Trade Org	anization under ch. 181, Wis. Stats.
13. Is this organization required to hold a Wi	sconsin Seller's permit?	🗋 Yes 🔏 No
14. Wisconsin Seller's Permit Number (if applicat	le)	

# 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	Treasurer	(920) 392-1191
Budewitz	Sandra	interim - director	(920) 188-4352

 $Continued \rightarrow$ 

Section	3	ltem	R
Secuon	з,	nem	ь.

			Section 3, Item
Part C: Event Information			
1. Name of Event (if applicable)			
Summer Concert Se	VIES		
2. Dates of Operation		3. Hours of Operation	
May 31, 2023		5-10 pm	
4. Premises Address W. Mach St.		• .	
5. City Walertown		6. State 7. Zip.Code	94
Jefferson of: U	ng Municipality 🔽 City 🗌 Town	Village 10. Aldermanic E	District
11. Organizer of Event (if not the named applicant)	bKONZ g) C	mber for Organizer of Event	(920) 1 392-119
13. Organizer Website Water Kan Maih Street Pr	14. Event Website		
<ol> <li>Premises Description - Describe the building or bu stored, or consumed, and related records are kept alcohol beverage activities and storage of records or diagram and additional shorts if processory.</li> </ol>	t. Describe all rooms within the b may occur only on the premises	uilding, including living quarter described in this application.	rs. Authorized Attach a map
Serviced Refrigerator cooler Consorted in design	- on premises	whind any	e kards.
		PROV	invely
Consuried in design	ated - Aproved a.	mas as pier	
Provided.			
F760. Cell.			
Part D: Attestation			
Who must sign this application?			
<ul> <li>one officer or director of the nonprofit organization</li> </ul>	n		
<b>READ CAREFULLY BEFORE SIGNING:</b> Under pe truthfully. I agree that I am acting solely on behalf of seeking the license. Further, I agree that the rights ar to another individual or entity. I agree to operate acc from Wisconsin-permitted wholesalers. I understand be deemed a refusal to allow inspection. Such refusa that any license issued contrary to Wis. Stat. Chapte be prosecuted for submitting false statements and aff provides materially false information on this application.	the applicant organization and n nd responsibilities conferred by th cording to the law, including but n that lack of access to any portion al is a misdemeanor and grounds r 125 shall be void under penalty idavits in connection with this app	ot on behalf of any other indiv ne license(s), if granted, will no not limited to, purchasing alcolo of a licensed premises during s for revocation of this license of state law. I further understa vilication, and that any person v	vidual or entity of be assigned hol beverages inspection will . I understand and that I may who knowingly
Last Name	First Name		M.I.
HONZ	Drigh		
Title Topassing -	Email hKANT BOCKA	In Know Phone 9	20-392-1
Signature	10004 105000	Date	1191
the hig		+/16/2025	
F		10	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
04-17-25	2025-016
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



# Outdoor Open Container Entertainment Event

# **Permit Application**

The following items MUST accompany this application:

- Event map including fencing plans and street closures
- Specific plan indicating where patrons will be permitted to carry alcoholic beverages
- Detailed description of all public entertainment associated with the event
- Detailed security plan for the event
- Proof of insurance must be provided no later than 10 days prior to the event

# Section 1 – Applicant Information

Corporation/ Organization Name:	f Watartawa	Parks Recreation & I	Foroetry			
Responsible Party:		Driver's License # (list State if not WI): Date of Birth:				
Stephanie Juhl					Date of Dirth.	
Address:		City: State: Zip Code:			ode:	
514 S. 1st Street		Watertown		WI	5309	4
Telephone Number: 920-262-8080		E-mail Address: sjuhl@watertowr	nwi.gov			
Section 2 – Event Information						
Name of Event:						
Summer Concert Series						
Purpose of Event:						
NEW Dueling Pianos						
Locations/Address of Event (must include	e event map in	cluding fencing plan	s, barricades,	street clos	sures, e	etc.):
1 W. Main Street - Bentzin Fan	nily Town Squa	re				
Event Dates (limit 4 consecutive days):		Event Hours (must 5-10pm	be between 6	a.m. & 11	p.m.):	
May 31, 2025		5-10pm				
				Maximu	ım Dail	y Attendance:
				50	0	
Have you applied for a temporary Class "B" malt or temporary "Class B" wine license for the event? X Yes I No If no, contact Clerk's Office to obtain proper licenses/permits. No hard liquor may be sold/served/given away at events. Watertown Main Street Program						
Have you applied for a special event permit for the event? XI Yes I No If no, contact Clerk's Office to obtain proper licenses/permits.						
Permit # (office use only)	Date Applicat	ion Received:	Approved	1	Denie	d 🗆

# INSURANCE

Each applicant shall furnish to the City, no later than 10 days prior to the event, a certificate of insurance written by a company licensed in the State of Wisconsin, approved by the City Attorney and covering any and all liability or obligations which may result from the operations by the applicant's employees, agents, contractors or subcontractors, and including workers' compensation coverage in accordance with Ch. 101, Wis. Stats. The certificate shall provide that the company will furnish the City with a 10-day prior written notice of cancellation, nonrenewal or material change. The insurance shall be written in comprehensive form and shall protect the applicant and City against claims arising from injuries to members of the public or damage to property of others arising out of any act or omission of the applicant, its employees, agents, contractors and subcontractors. The policy of insurance shall provide minimum combined single limits for bodily injury and property damage of at least \$1,000,000.00 per person/aggregate.

I hereby make an application for an Outdoor Open Container Entertainment Event Permit as detailed above. The applicant agrees to indemnify and hold harmless the City from and against all liabilities, claims, demands, judgments, losses and all suits at law or in equity, costs and expenses, including reasonable attorney fees, for injury or death of any person or loss or damage to the property of any person, firm, organization or corporation, arising in any way as a consequence of the granting of a permit for an Outdoor Open Container Entertainment Event.

shanie Juhl Signature:

Date Signed:

3/17/25



Effectiv Section 3, Item C.

Form **AB-220** 

**Temporary Alcohol Beverage License** 

City of Watertown

Municipality

License(s) Requested		F	ees	1
		License Fees	\$	<b>1</b> 0.00
Temporary "Class B" Wine	🛒 Temporary Class "B" Beer	Background Check	\$	2800
		Total Fees	\$	3800

Part A: Organization Information/)
1. Organization Name
MOSE LODGE
2. Organization Permanent Address
1224 JUNERO ST
3. City WATERTWO WI 4. State 5. Zip Code WI 53098
6. Mailing Address (if different from permanent address)
7. FEIN 8. Date of Organization/Incorporation 9. State of Organization/Incorporation
10. Phone 11. Email 20 261 645 8 Notessman & ATT. Net
10. Phone 11. Email
10 261 6458 Natessman @ ATT. Net
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? No
14. Wisconsin Seller's Permit Number (if applicable)
456-00002487741-02

# 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 (FormAB-101).

Last Name	First Name	Title	Phone
5 VAN DYKE	AllEN	Pres	920-390-9189
TESS MAN	ANdy	VP	920 342 0504
Gad FRO1	Tom	Treas	920285 5606
Shier	WILLIAN	Trostee	920 262 0016
Witte	Nick	Trustee	920 26 2375

Continued  $\rightarrow$ 

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Section	2	140 m	$\sim$
Sechon	.5.	пет	

art C: Event Information			
Name of Event (if applicable)	1 1 1		
moose La	age Car Stlo	in	
Dates of Operation		3. Hours of Opera	ition
6-12-25			0 PM-8:001
Premises Address		0.00	
1222 Jer	read ST		
City		6. State	7. Zip Code
WATER TOWN		uT	53098
County	9. Governing Municipality City	] Town 🗌 Village 10	. Aldermanic District
Dodge	of MATER Tou	d interpreter	9
. Organizer of Event (if not the named applicant)	12. Email and/or P	hone Number for Organizer of	of Event
Hndy Tessma	1 920 342	0504 001	Essman @ AT
. Organizer Website	14. Event Website	Auc	C) small w no
Premises Description - Describe the build	ing or buildings and any outside ar	eas where alcohol bevera	des and records are sold
stored, or consumed, and related records	are kept. Describe all rooms with	in the building, including I	iving quarters Authorized
alcohol beverage activities and storage o	f records may occur only on the p	remises described in this	application. Attach a map
or diagram and additional sheets if necess	pary.	and they	Count Dec
Served TANKE	175 talling		- Contraction of the second
Records Kept in	OFFICE		
	Building		
a procence a			
b Restance in			
b Restaurce in			
b Restaurce in			
art D: Attestation			
art D: Attestation			
art D: Attestation			
Art D: Attestation Who must sign this application? • one officer or director of the nonprofit or EAD CAREFULLY BEFORE SIGNING:	ganization Under penalty of law, I have answ	vered each of the above	questions completely and
Art D: Attestation Who must sign this application? • one officer or director of the nonprofit or EAD CAREFULLY BEFORE SIGNING: I uthfully. I agree that I am acting solely on	ganization Under penalty of law, I have answ behalf of the applicant organizatio	n and not on behalf of an	v other individual or entity
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Art D: Attestation Who must sign this application? • one officer or director of the nonprofit orgonistic EAD CAREFULLY BEFORE SIGNING: In uthfully. I agree that I am acting solely on the license. Further, I agree that the panother individual or entity. I agree to op om Wisconsin-permitted wholesalers. I under the deemed a refusal to allow inspection. Such that any license issued contrary to Wis. State the prosecuted for submitting false statement rovides materially false information on this action st Name Mark Mark Mark Mark Mark Mark Mark Mark Mark Mark Mark Mark Mark Mark Mark Mark	ganization Under penalty of law, I have answer behalf of the applicant organization erights and responsibilities conferm- verate according to the law, includin lerstand that lack of access to any uch refusal is a misdemeanor and the Chapter 125 shall be void under ts and affidavits in connection with application may be required to forfe First Name Marman	n and not on behalf of an ed by the license(s), if gra ng but not limited to, purc portion of a licensed prem grounds for revocation of penalty of state law. I furt this application, and that a	y other individual or entity nted, will not be assigned hasing alcohol beverages ises during inspection will this license. I understand her understand that I may any person who knowingly convicted.
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art D: Attestation         Vho must sign this application?         • one officer or director of the nonprofit org         EAD CAREFULLY BEFORE SIGNING: In the seeking the license. Further, I agree that the part of the nonther individual or entity. I agree that the part of the nonther individual or entity. I agree to op om Wisconsin-permitted wholesalers. I under the deemed a refusal to allow inspection. Such a tary license issued contrary to Wis. State prosecuted for submitting false statement rovides materially false information on this action.         at Name         Image: Strange and the second strange and th	ganization Under penalty of law, I have answer behalf of the applicant organization erights and responsibilities conferm- verate according to the law, includin lerstand that lack of access to any uch refusal is a misdemeanor and the Chapter 125 shall be void under ts and affidavits in connection with application may be required to forfe First Name Marman	n and not on behalf of an ed by the license(s), if gra ng but not limited to, purc portion of a licensed prem grounds for revocation of penalty of state law. I furt this application, and that a it not more than \$1,000 if And And and ATT. No	y other individual or entity nted, will not be assigned hasing alcohol beverages lises during inspection will this license. I understand her understand that I may any person who knowingly convicted.
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# OUTDOOR OPEN CONTAINER EVENT PERMIT APPLICATION

<ul><li>Detailed description of all public enter</li><li>Detailed security plan for the event</li></ul>		-	
Section 1 – Applicant Information			
Corporation/ Organization Name:	e Lodge 83	0	
Responsible Party:	Driver's License # (list	t State if not WI):	Date of Birth: 9 - 17 - 71
Address: 207 Fremont St	City: UATERT	State: Zip	Code: 53098
Telephone Number: 920 342 0504	E-mail Address:	sman PAT	T. NET
Section 2 – Event Information			
Nameof Event: Moose Loog	be lar Shou	J	
Purpose of Event: Show Ca.	rs - raise mon	ey for thank	isgiving Dimers
Locations/Address of Event (must include even	t map including fencing plans, barricade	s, street closures, etc.):	
Event Dates (limit 4 consecutive days): 6-12-25	Event Hours (must be	e between 6 a.m. & 11 p.m.):	7
		Maximum Dai	→ / G G
Have you applied for a temporary Class "B" mal If no, contact Clerk's Office to obtain proper license			
Have you applied for a special event permit for If no, contact Clerk's Office to obtain proper license		No	
TEMP B PERMIT # (office use only)	Date Application Received:	Approved Den	nied 🗆

Form

License(s) Requested		Fe	es	
		License Fees	\$	10.00
Temporary "Class B" Wine	📉 Temporary Class "B" Beer	Background Check	\$	_
		Total Fees	\$	1000

Part A: Organization Information			<i>s</i> .
1. Organization Name	8, 10		
Watertown Main	n Street Program		
2. Organization Permanent Address	0		
519 6. Main St.			
3. City		4. State	5. Zip Code
Watertown		$ \omega $	03094
6. Mailing Address (if different from permanent a	address)		
I NA			
7. FEIN	8. Date of Organization/Incorporation	9. State of Organia	zation/Incorporation
39.2008095	04/2000	20	1
10. Phone	11. Email	$( \bigcirc$	
920 342 3423	watertownmainstre	et (a) an	rail.com
12. Organization type (check one)		)	
🗌 Bona Fide Club 🗌 Church	Fair Association/Agricultural Socie	ety 🗌 Veter	an's Organization
Lodge/Society	er of Commerce or similar Civic or Trade Orga	anization under cl	h. 181, Wis. Stats.
13. Is this organization required to hold a W	sconsin Seller's permit?		🗌 Yes 📃 No
14. Wisconsin Seller's Permit Number (if applicat	le)		
N/A			

### 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). Title Phone Last Name First Name Executive 770 853 9265 Stefanie Broere Director Board Ron 414.828.6075 JUNGO 1 President Board Kevir 920 248 6944 Vice President Board 920392.1191 Konz Treasurer

Continued -

14

Part C: Event Information	
1. Name of Event (if applicable) Craft Beer & Beltzer	- Walk
2. Dates of Operation July 17, 2025	3. Hours of Operation 5pm - 8pm
4. Premises Address 202 W Main Street	20H!2 Salon
5. City Watertown	6. State 7. Zip Code 6. State 53094
8. County 9. Governin Jefferson of:	g Municipality City Town Village 10. Aldermanic District
11. Organizer of Event (if not the named applicant) Stefanie Broeve	12. Email and/or Phone Number for Organizer of Event waver townmainstreet og gmail.com
13. Organizer Website watertownmainstreet.org	14. Event Website ticket signup. com
stored, or consumed, and related records are kept.	dings and any outside areas where alcohol beverages and records are sold, Describe all rooms within the building, including living quarters. Authorized may occur only on the premises described in this application. Attach a map
Retail Space -	Inside Bruilding - Ist Floor

# 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	First Name		M.I.
Broeve	Stefania		A
Title	Email	Phone	420 342
Executive Director	watertownmainstreet@	amail.com	3623
Signature	Date	5	
Stepanie Boere			
U U			

# Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	
Signature of Clerin Deputy Clerin	L

Form AB-220

License(s) Requested	ed Fees			
	、 、	License Fees	\$	10.00
Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	Alternik Bruck
		Total Fees	\$	1000

Part A: Organization Information				
1. Organization Name Watertown Main Street Program				
Watertown Main	n street Trogram	-		
2. Organization Permanent Address	0			
519 6. Main St.				
3. City		4. State	5. Zip Code	
Watertown		$ \omega $	53094	
6. Mailing Address (if different from permanent a	address)			
NA				
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	zation/Incorporation	
39.2008095	04/2000	20	1	
10. Phone	11. Email	$( \cap$		
920 342 3623	water town mainstre	et (a) an	rail.com	~
12. Organization type (check one)				
🗌 Bona Fide Club 🗌 Church	Fair Association/Agricultural Socie	ety 🗌 Veter	an's Organization	
Lodge/Society Chambe	er of Commerce or similar Civic or Trade Org	anization under cl	h. 181, Wis. Stats.	
13. Is this organization required to hold a Wi	sconsin Seller's permit?		🗌 Yes 🍸	No
14. Wisconsin Seller's Permit Number (if applicat	ole)			
NIA				

Part B: Individual Info	rmation		
(Form AB-100) for each pe	none number for all officers, direct erson listed below. Attach additiona clude Alcohol Beverage Appointme		ude an Individual Questionnaire
Last Name	First Name	Title	Phone
Broere	Stefanie	Executive Director	770 853 9265
Councell	Ron	Board President	414.828.6075
Clifford	Kevin	Board Vice Presiden	t 920 248 694
Konz	Brian	Board Treasurer	920392.1191

Continued -

Part C: Event Information	
1. Name of Event (if applicable) Craft Beer & Seltzer 2	Jalk
2. Dates of Operation July 17, 2025	3. Hours of Operation 5pm - 8pm
4. Premises Address 209 E. Main Stree	t Ava's a posh boutique
5. city Watertown	6. State 7. Zip Code 7. Jip Co
8. County 9. Governing Munic Jefferson of:	7
11. Organizer of Event (if not the named applicant) Stefanie Broeve	12. Email and/or Phone Number for Organizer of Event waver townmainstreet (2) gmail. Com
13. Organizer Website watertownmainstreat.org	14. Event Website ticketsignup.com
15. Premises Description - Describe the building or-buildings stored, or consumed, and related records are kept. Desc	and any outside areas where alcohol beverages and records are sold, ribe all rooms within the building, including living quarters. Authorized ccur only on the premises described in this application. Attach a map
Retail Space - In	side Building - 1st Floor

# 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	First Name		M.I.
Broere	Stelanda		A
Dicere	Stetanic		
Title	Email	Phone	420 342
Executive Director	watertownmainstreet@	amail.com	3623
Signature	Date	5	
Stepanie Boere			

# Part E: For Clerk Use Only Date Application Was Filed With Clerk License Number Date License Granted Date License Granted Signature of Clerk/Deputy Clerk

Form **AB-220** 

License(s) Requested		Fe	es	
	<u>`</u>	License Fees	\$	10.00
Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	431773/servers
		Total Fees	\$	1000

Part A: Organization Information
1 Organization Name
Watertown Main Street Program
2. Organization Permanent Address
519 E. Main St.
3. City Watertown 4. State 5. Zip Code W1 53094
6. Mailing Address (if different from permanent address)
NA
7. FEIN 8. Date of Organization/Incorporation 9. State of Organization/Incorporation
39.2008095 04/2000 201
10. Phone 11. Email
920 342 3623 Watertown mainstreet @ 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?
13. Is this organization required to hold a Wisconsin Seller's permit?
14. Wisconsin Seller's Permit Number (if applicable)
NA

### 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). Phone Last Name First Name Title Executive 770 853 9265 Broere Stefanie Director Boa rd 414.828.6075 JUNCO 1 Presiden Board Kessi 920 248 6944 Vice President Board 920392.1191 Konz Treasurer

Continued -

Section	3	ltom	Л
Section	з,	nem	$\boldsymbol{\nu}$

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Part C: Event Information	
1. Name of Event (if applicable) Craft Beer & Beltzer La	Jalk
2. Dates of Operation July 17, 2025	3. Hours of Operation 5pm - 8pm
4. Premises Address E. Main Stre	et Bradow Jewelers
5. City Watertown	$\begin{array}{c} \text{6. State} \\ \text{W1} \end{array} \right  \begin{array}{c} \text{7. Zip Code} \\ \text{53094} \\ \text{53094} \end{array}$
8. County 9. Governing Munic Jefferson of:	7
11. Organizer of Event (if not the named applicant) Stefanie Broeve	12. Email and/or Phone Number for Organizer of Event water townmainstreet @gmail.com
13. Organizer Website walk-townmainstreat.org	14. Event Website ticketsignup.com
15. Premises Description - Describe the building or buildings a stored, or consumed, and related records are kept. Descr	and any outside areas where alcohol beverages and records are sold, ibe all rooms within the building, including living quarters. Authorized ccur only on the premises described in this application. Attach a map
Retail Space - In	side Building - Ist Floor

# 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	First Name		M.I.
Broere	Stefanic		A
Title	Email	Phone	420 342
Executive Director	watertownmainstre	togmail.com	3623
Signature		Date	
Stepanie Boere			

# Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form **AB-220** 

License(s) Requested		Fe	es	
	、 、	License Fees	\$	10.00
Temporary "Class B" Wine	🟹 Temporary Class "B" Beer	Background Check	\$	CENTRAL CONTRAL
		Total Fees	\$	10.00

Part A: Organization Information			
1. Organization Name	0, 10		
Watertown Main	n Street Program	-	
2. Organization Permanent Address	0		
519 6. Main St.			
3. City Waterton		4. State	5. Zip Code
6. Mailing Address (if different from permanent a	ddress)		0001
NA	,		
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	zation/Incorporation
39.2008095	04/2000	20	1
10. Phone	11. Email	$( \cap$	
920 342 3623	watertownmainstre	et (a) an	rail.com
12. Organization type (check one)		0	
🗌 Bona Fide Club 🔄 Church	Fair Association/Agricultural Socie	ety 🗌 Veter	an's Organization
Lodge/Society	er of Commerce or similar Civic or Trade Orga	anization under cl	h. 181, Wis. Stats.
13. Is this organization required to hold a Wi	sconsin Seller's permit?		🗌 Yes 🕅 No
14. Wisconsin Seller's Permit Number (if applicat	le)		

### 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 Title Phone First Name Executive 770 853 9265 Stefanie Broere Director Boa rd 414.828.6075 Presiden Board Ker 920 248 6944 Vice President Board 920392.1191 Konz Treasurer

Continued

Section 3, Item D
-------------------

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Part C: Event Information				
1. Name of Event (if applicable)				
Craft Beer + Seltzer Walk				
2. Dates of Operation 3. Hours of Operation				
July 17, 2025 5pm- 8pm				
4. Premises Address				
200 W. Main Street PineHillFarm				
5. City Watertown 6. State 7. Zip Code WI 53094				
8. County       9. Governing Municipality       City       Town       Village       10. Aldermanic District         0f:				
11. Organizer of Event (if not the named applicant) 12. Email and/or Phone Number for Organizer of Event				
Stefanie Broeve watertownmainstreet@gmail.com				
13. Organizer Website 14. Event Website				
watertownmainstreet.org ticketsignup.com				
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.				
Retail Space - Inside Building - Ist Floor				

### Part D: Attestation

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Last Name	First Name		M.I.
Broere	Stolanda		A
Disele	Stetanic		11
Title	Email	Phone	420 342
Executive Director	watertownmainstreet/algn	rail.com	3623
Signature	Date		
Stepanie Boere			

# Part E: For Clerk Use Only Date Application Was Filed With Clerk License Number Date License Granted Date License Granted Signature of Clerk/Deputy Clerk

Form **AB-220** 

License(s) Requested		Fe	es	
Temporary "Class B" Wine	Temporary Class "B" Beer	License Fees	\$	10.00
		Background Check	\$	Record Concerns
		Total Fees	\$	1000

Part A: Organization Information	-			
1. Organization Name	0 1 0			
Watertown Main	n Street Program	-		
2. Organization Permanent Address	9			
519 6. Main St.				
3. City		4. State	5. Zip Code	
Watertown		$ \omega $	03094	
6. Mailing Address (if different from permanent a	ddress)			
NA				
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	zation/Incorporation	
39.2008095	04/2000	20	1	
10. Phone	11. Email	$( \cap$	,	
920 342 3623	watertownmainstre	et @ an	rail.com	
12. Organization type (check one)				
🗌 Bona Fide Club 🛛 Church	Fair Association/Agricultural Socie	ety 🗌 Veter	an'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 applicat	le)			
NIA				

### 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). Phone Last Name First Name Title Executive 770 853 9265 Stefanie Broere Director Board 414.828.6075 Presiden Board 920 248 6944 Vice President Board 920392.1191 Konz Treasurer

Continued

Part C: Event Information				
1 Name of Event (if applicable)				
Craft Beer + Beltzer 4	Jalk			
2. Dates of Operation	3. Hours of Operation			
July 17, 2025	5pm-8pm-			
4. Premises Address	C C I			
116 W Main Street	Dassy Sweet 5			
5. City	6. State 7. Zip Code			
Watertown	WI 53017			
8. County 9. Governing Munic	ipality 📉 City 🔲 Town 📄 Village 🛛 10. Aldermanic District			
Jetterson of:	7			
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Organizer of Event			
Stefanie Broeve	water townmainstreet agamail.com			
13. Organizer Website	14. Event Website			
watertownmainstreet.org	ticketsignup.com			
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.				
Retail Space - In	side Building - Ist Floor			

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Last Name	First Name_		M.I.
$\hat{\boldsymbol{\Delta}}$	C D		
12CODXO	Stefanic		171
Title	Email	Phone	920 342
EVerition Dimeter	hastrictoria at 10		120 012
Executive Director	watertownmainstreet	amail.com	3623
Signature	Dàte	5	
Notani Manha			
Aparte poure			
		-	

# Part E: For Clerk Use Only Date Application Was Filed With Clerk License Number Date License Granted Signature of Clerk/Deputy Clerk

Form

Municipality

License(s) Requested		Fe	es	1
Temporary "Class B" Wine	Temporary Class "B" Beer	License Fees	\$	10.00
		Background Check	\$	28
		Total Fees	\$	3800

1. Organization Name Watertown Main Street Program 2. Organization Permanent Address 519 E. Main St. 3. City 2. June 1995
2. Organization Permanent Address 519 6. Main St. 3. City 4. State 5. Zip Code
2. Organization Permanent Address 519 6. Main St. 3. City 4. State 5. Zip Code
Watertown W1 53094
6. Mailing Address (if different from permanent address)
NA
7. FEIN 8. Date of Organization/Incorporation 9. State of Organization/Incorporation
39.2008095 04/2000 201
10. Phone 11. Email
920 342 3623 Watertown mainstreet @ 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?
14. Wisconsin Seller's Permit Number (if applicable)
N/A

### 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 Executive 770 853 9265 Stefanie Broere Director Boa rd 414.828.6075 DUNGO1 Presiden Board Kevir 920 248 6944 Vice President Board 920392.1191 Konz Treasurer

Continued

Section	З,	Item	D.

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Part C: Event Information				
1. Name of Event (if applicable) Craft Beer & Seltzer L	Jalk			
2. Dates of Operation July 17, 2025	3. Hours of Operation 5pm - 8pm			
4. Premises Address 14. 6. Main Street	White Oak Builders			
Watertown	6. State 7. Zip Code 53094			
8. County 9. Governing Munic Jefferson of:	cipality City Town Village 10. Aldermanic District			
11. Organizer of Event (if not the named applicant) Stefanie Broeve	12. Email and/or Phone Number for Organizer of Event waver townmainstreet (2) gmail. Cor			
13. Organizer Website waskertownmainstreet.org	14. Event Website ticketsignup.com			
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.				
Retail Space - Inside Building - Ist Floor				
· · · · · · · · · · · · · · · · · · ·				

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Last Name	First Name_		M.I.
A	C, $D$ ,		
Broere	Stetanic		九
Title	Email	Phone	420 342
Executive Director	watertownmainstree	Camail.com	3623
Signature	[	Date	
Stepanie Boere			
U U			

# Part E: For Clerk Use Only Date Application Was Filed With Clerk License Number Date License Granted Signature of Clerk/Deputy Clerk

Form **AB-220** 

License(s) Requested	Fe	Fees		
Temporary "Class B" Wine		License Fees	\$	10.00
		Background Check	\$	and Second Second
		Total Fees	\$	1099

Part A: Organization Information						
1. Organization Name Watertown Main Street Program						
Watertown Main	n Street Program	-				
2. Organization Permanent Address	0					
519 6. Main St.						
3. city Watertour		4. State 5. Zip Code 101 53094				
6. Mailing Address (if different from permanent a	address)	L				
NA						
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation				
39.2008095	04/2000	201				
10. Phone	11. Email	$( \bigcirc \ldots )$				
920 342 3423	watertownmainstre	et @ gmail com				
12. Organization type (check one)		0				
🗌 Bona Fide Club 🗌 Church	Fair Association/Agricultural Socie	ty 🗌 Veteran's Organization				
Lodge/Society Chambe	er of Commerce or similar Civic or Trade Orga	anization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit?						
14. Wisconsin Seller's Permit Number (if applicat	ole)					

### 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). Phone Last Name First Name Title Executive 770 853 9265 Stefanie Broere Director Board 414.828.6075 JUNGO1 Presiden Board 920 248 6944 Vice President Board 920392.1191 Konz Treasurer

Continued -

26

Part C: Event Information					
1 Name of Event (if applicable)	Q. //.				
Craft Beer + Seltzer 4	JAK				
2. Dates of Operation	3. Hours of Operation				
July 11, 2025	3pm-8pm				
4. Premises Address ZIG N. Fourth	Street Wisconsin 26 Culinary				
5. City Watertown	6. State 7. Zip Code 45000 cgu				
8. County 9. Governing Munici	pality City Town Village 10. Aldermanic District				
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Organizer of Event				
Stefanie Broere	water townmainstreet @gmail.com				
13. Organizer Website	14. Event Website				
watertownmainstreet.org	ticketsignup com				
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.					
Retail Space - In	side Bruilding - list Floor				

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Last Name	First Name		M.I.
Broere	Stefanic		A
Title	Email	Phone	420 342
			420 342
Executive Director	watertownmainstreet		3623
Signature	C	Date	
Stepanie Boere			
U			

# Part E: For Clerk Use Only Date Application Was Filed With Clerk License Number Date License Granted Signature of Clerk/Deputy Clerk

# Craft Beer & Seltzer Walk

# Hosted by Watertown Main Street Program

# July 17, 2025 at 5:00pm-8:00pm

		Locations	
Location #	Business Name	Contact	Address
1.	20H!2 Salon	Brooke Hoida	202 W. Main Street
2.	Amado Jr's	Kim Hoffan	403 E. Main Street
3.	Ava's a posh	Amanda Schwefel	209 E. Main Street
	boutique		
4.	Bradow Jewelers	Susan Bradow	217 E. Main Street
5.	D&J Sports Bar –	Jerry Heller	301 East Main Street
	Wolfgram Sports Bar		
	& Grill (name		
	change)		
6.	The Drafty Cellar	Josh Mueller/Alex	110 S. 3 <sup>rd</sup> Street
		Savath	
7.	Local Waters	Karah Pugh	109 S. 3 <sup>rd</sup> Street
8.	Lyon's Irish Pub	Carol Bohlman	201 East Main Street
9.	Pine Hill Farm:	Jackie Phillips	200 W. Main Street
	wellness collective		
10.	Sassy Sweets	Amber Yelk	116 West Main Street
	Bakery		
11.	The Score Sports	Jamie Ellis	300 N. Fourth Street
	Bar		
12.	Uptown Bar & Grill	Nicole Smith	416 E. Main Street
13.	White Oak Builders	Dan & Maggie Wegner	14 East Main Street
14.	Wisconsin 26	Desirae Greco	219 N Fourth Street
	Culinary Boutique		

# **SPECIAL EVENT PERMITS-2025**

DATE FILED	PERMIT #	DATE OF EVENT	EVENT NAME/FOLDER	ORGANIZATION	EVENT DESCRIPTION	CITY SPONSORED?	REPEAT OR 1ST YEAR	EVENT FOR A FEDERAL HOLIDAY? (no fees)
1/20/2025	<u>2025-02</u>	3/9/2025	Morning Mixer	Watertown Main St Program	Adult Beverage walk to create downtown activity	NO	REPEAT	NO
11/22/2024	2025-01	3/15/2025	Jig Jog	Education Foundation of Watertown- <b>JIG JOG</b>	5k RUN TO RAISE MONEY FOR CITY SCHOOLS	NO	REPEAT	NO
2/3/2025	<u>2025-03</u>	4/26/2025	Whiskey Wine Walk	Watertown Area Chamber of Commerce	Create Downtown activity	NO	REPEAT	NO
3/11/2025	2025-06	5/6-10/28 Tuesdays	Watertown Farmers Market	Watertown Main St Program	Weekly farmers market CODE https://ecode360.com/29271272	NO	REPEAT	NO
4/4/2025	<u>2025-10</u>	5/9/2025	Entertainment Night St Marks	St. Marks Lutheran Church	Children participate in entertaining family and friends	NO	REPEAT	YES
3/25/2025	<u>2025-08</u>	5/26/2025	Memorial Day Program	Watertown Veterans Council	Memorial Day Celebration	NO	REPEAT	NO
4/16/2025	<u>2025-11</u>	6/12/2025	CAR SHOW	Moose Lodge	Public fundraiser for Thanksgiving dinner.	NO	REPEAT	NO
3/17/2025	<u>2025-07</u>	7/4/2025	4th of July Parade	Parade Committee	Floats, Bands, Clowns, etc to entertain people of July 4th	YES	REPEAT	NO
2/27/2025	2025-05	7/8/2025	Lights and Sirens	Watertown Police Department	Community Safety Fair	YES	REPEAT	YES
5/2/2025	<u>2025-12</u>	7/17/2025	Craft Beer & Seltzer Walk	Watertown Main St Program	Shopping and sampling of craft beer	NO	REPEAT	NO
4/4/2025	<u>2025-09</u>	8/16/2025	KOINE CHRISTIAN CONCERT	St. Lukes Lutheran Church	Christian Concert at Town Square	NO	REPEAT	No
2/21/2025	2025-04	08/07 -08/10	Riverfest	Watertown Riverfest Inc	Watertown's annual community festival	NO	REPEAT	NO

## CITY OF WATERTOWN

### Report Writer - Operators for Police Department

Section 4, Item B.

May 01, 2025 7:10AM

Page: 1

Report Criteria:

### License Type.Description = "Operator's License"

License.License issued date = 04/01/2025-04/30/2025

Business Name	Works At	Home Address	City	State	Zip	Date of Birth	License Issued Date
Alison Busler	Rose Garden	503 Humboldt St	Watertown	WI	53094	08/28/2006	04/03/2025
Amanda M Kolbo	Wolfgram's	915 Carol St	Watertown	WI	53094	09/19/1986	04/07/2025
Ana C Reyes	Bismarck's Bar & Grill	1109 Western Ave	Watertown	WI	53094	03/30/2001	04/17/2025
Anita Sharlow	Rose Garden	320 N Montgomery St	Watertown	WI	53094	01/28/1975	04/07/2025
Anthony N Dominguez	Piggly Wiggly	1515 S Tenth St	Watertown	WI	53094	11/04/2000	04/14/2025
Cody J Jenks	Walmart	122 Scot St	Watertown	WI	53094	10/05/2006	04/07/2025
Daniela A Padilla	Jordy's Steakhouse	512 Aspen St	Johnson Creek	WI	53038	04/23/1996	04/07/2025
Dustin E Radtke	Drafty Cellar	504 S Seventh St	Watertown	WI	53094	03/05/1988	04/07/2025
Elizabeth R Adamec		808 Franklin St	Watertown	WI	53094	08/16/1989	04/03/2025
Emilio ZB Medina	Maria's Mexican Restaurant	312 S Montgomery St	Watertown	WI	53094	07/07/2004	04/29/2025
Jaycie K Lanz	Dollar General	208 Sunnyfield Ct Apt C	Watertown	WI	53098	01/28/2004	04/10/2025
Jeremy J Smith	Chic Boutique	709 Emmet St	Watertown	WI	53094	01/28/1984	04/07/2025
Kaitlyn M Wesa	Gasthaus	N6650 Ziebell Rd	Jefferson	WI	53549	03/17/2005	04/23/2025
Logan M Wohlfeil	Piggly Wiggly	922 Summer Creek Rd	Oconomowoc	WI	53066	02/11/2007	04/14/2025
Lydia A Konitzer	Uptown Bar	1420 E Main St	Watertown	WI	53094	11/12/2003	04/14/2025
Monica M Magness	Uptown Bar	209 Air Park Dr, Apt 2	Watertown	WI	53094	09/24/1972	04/07/2025
Morgan K Sellnow	Rose Garden	N196 Val Rd	Watertown	WI	53098	12/17/2006	04/07/2025
Nicole F Raduechel	Elks Lodge	670 N Walton Dr	Whitewater	WI	53190	02/15/1985	04/07/2025
Odibel Campuzano	Tequila Nights	712 Franklin St Apt 1	Watertown	WI	53094	03/11/2006	04/03/2025
Parampreet Khasnia	Justmann's Liquor	316 Stonefield Dr	Johnson Creek	WI	53038	04/13/2003	04/14/2025
Rachel E Fritz	Uptown Bar	803 York Center Rd	Marshall	WI	53559	04/25/1995	04/03/2025