

# LICENSING BOARD MEETING AGENDA

## WEDNESDAY, FEBRUARY 12, 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 December 11, 2024

# 3. BUSINESS

- A. Review and take action: application for a "Class B" Malt and Liquor License from Silver Creek Investors LLC DBA Watertown Country Club (Dan Rahfaldt, Agent) located at 1340 N. Water St. for licensing year July 1, 2024 – June 30, 2025
- B. Review and take action: application for Temporary "Class B" Wine and Temporary Class "B" license from Luther Prep School Booster Club at 1300 Western Ave for the Lives Prepared A Gift of Talents event on Saturday, March 29, 2025 from 5:00 pm to 12:00 am
- C. Review and take action: applications for Temporary "Class B" Licenses 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. Locations include Ava's Posh Boutique, 209 E. Main St., Blush Hair Beautique, 207 E. Main St., Bradow Jewelers, 217 E. Main St., Brown's Shoe Fit Co., 212 E. Main St., Central Block, 300 E. Main St., Draeger's Floral, 616 E. Main St., Rock River Chimney and Fireplace, 216 S. 3rd St., White Oak Builders, 14 E. Main St., and Studio 9, 9 E. Main St.
- D. 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: Abel Rivera
- E. Reconvene to open session
- F. Review and take action: application for operator's license from Abel Rivera
- G. Review and discuss: Tequila Nights demerit points agreement: memo provided at meeting

# 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, DECEMBER 11, 2024 AT 4:15 PM

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

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: Mayor McFarland, Ald. Smith, Blanke, Erin Schroeder and Cheri Martin. Staff present were: Police Chief David Brower, City Attorney Steven Chesebro (4:35-4:50), and City Clerk Megan Dunneisen. Other members of the public were also present

1. CALL TO ORDER – Mayor McFarland called the meeting to order at 4:17pm

## 2. REVIEW AND APPROVE MINUTES

A. Ald. Smith made a motion to approve the licensing Board minutes from November 13, 2024, seconded by Schroeder and carried by unanimous voice vote.

## 3. BUSINESS

- A. Martin 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: Ashley E Grimm, seconded by Schroeder and carried by roll call vote of: Yes;5 (Martin, Schroeder, Smith, Blanke, McFarland; No;0.
- B. Schroeder made a motion to reconvene to open session, seconded by Ald. Blanke and carried by unanimous voice vote.
- C. Ald Smith made a motion to deny the application for operator's license from Ashley E Grimm due to Cat. I and Cat. II of the licensing guidelines and made mention that operators licenses are not issued to specific locations and can be used to serve at any establishment in the City, seconded by Schroeder and carried by unanimous voice vote.

# 4. **REPORTS**

- A. Special Events List was presented Schroeder noted that the Watertown High School parade should have been listed as no under federal holiday.
- B. Monthly Operator's List was presented.
- C. Monthly Police Report was presented discussion on possible proactive approach with establishments for next year around thanksgiving time and bigger crowds.
- 5. ADJOURNMENT Schroeder made a motion to adjourn the meeting at 4:51pm, seconded by Martin and carried by unanimous voice vote

Respectfully submitted,

Megan Dunneisen, City Clerk

Form	
AB	-200

# Alcohol Beverage License Application

Section 3, Item A.

License Period 07/01/2024 - 06/30/2025

For Municipa Municipality WATERTOWN

License(s) Requested: (up to two boxes m	Fees		
Class "A" Beer \$	☑ Class "B" Beer \$	License Fees	\$ 600.00
"Class A" Liquor \$		Background Checks	\$
"Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publication Fee	\$ 300.00
"Class C" Liquor (wine only) \$	Background Check \$7.00 Each	Total Fees	\$

Part A: Premises/Business Information	l i i i i i i i i i i i i i i i i i i i				
1. Legal Business Name (individual name if sole prop	rietorship)				
Silver Creek Investors LLC					
2. Business Trade Name or DBA					
Watertown Country Club					
3. FEIN		4. Wisconsin	Seller's Pe	ermit Numbe	۶F
33-1738595		456-10	318986	544-04	
5. Entity Type (check one)					
Sole Proprietor Partnership	Limited Liability	Company		orporation	Nonprofit Organization
6. State of Organization	7. Date of Organizatio	n		8. Wiscons	sin DFI Registration Number
WI	10/30/2024			S1571	111
9. Premises Address					
1340 N Water St					
10. City			n yang dalampa kenang ang di sebuah sebua	11. State	12. Zip Code
Watertown				WI	53098
13. County	14. Governing Municipa	ality: 🔽 City	/ 🗌 Town	Village	15. Aldermanic District
Dodge 🗾	of: <u>Watertow</u>	n			_ 6
	17. Premises Email			18. We	ebsite
(920) 261-5009	drahfaldt@xse	ellprod.	l.com www.watertowncc.com		
19. Premises Description - 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. Commercial bar, restaurant and event venue. Multiple storage rooms. Outdoor patio and on course sales of alchohol.					
20. Mailing Address (if different from premises address)					
21. City				22. State	23. Zip Code
Part B: Questions			na kana kana kana kana kana kana ka		
1. Has the business (sole proprietorship, partner violating federal or state laws or local ordinan	rship, limited liability ices? Exclude traffic	/ company, o offenses un	or corpora less relate	tion) been ed to alcoh	convicted of ol beverages. 🏾 Yes 🖌 No
If yes, list the details of violation below. Attach additional sheets if necessary.					
Law/Ordinance Violated	Location			T	Frial Date
Penalty Imposed Was sentence completed? Yes No					
Law/Ordinance Violated	Location			T	rial Date
Penalty Imposed			Was sen	tence com	pleted? 🗌 Yes 🗌 No

4

							Sect	ion 3. Item /
2. Are charges for any offenses per beverages.	iding against the t	ousinessí	? Exclude traffic	offenses un	less related to alc	ohol 🔲	Yes	✓ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.								
<ul> <li>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 distributor? Yes V No If yes, provide the name of the restricted investor and describe the nature of the interest.</li> </ul>								
<ol> <li>Is the applicant business owned I If yes, provide the name(s) and F</li> </ol>	by another busine EIN(s) of the busi	ss entity ness enti	? ity owners below	w. Attach add	ditional sheets as	needed.	Yes	₽ No
4a. Name of Business Entity		*****	4b. Busine	ss Entity FEIN				
<ul> <li>5. Have the partners, agent, or sole this license period? Submit proof</li> <li>6. Is the applicant business indebted</li> </ul>	of completion d to any wholesale	er beyond	d 15 days for be	er or 30 day	s for liquor/wine?	· · · · · · · · ·	Yes Yes	No No
7. Does the applicant business owe	past due municip	al proper	ty taxes, asses	sments, or o	ther fees?	· · · · · · L	Yes	✓ No
Part C: Individual Information								
List the name, title, and phone number for Question 4: sole proprietor, all officers, d managers, and agent of a limited liability Include Form AB-100 for each person list	irectors, and agent of company. Attach ad	of a corpor Iditional sh	ration or nonprofit neets if necessary	organization,	all partners of a par	tnership, and	iisted i all me	in Part B, mbers,
Last Name	First Name			Title	including rollin Ab-	Phone		
Rahfaldt	Daniel				g Partner	1	279-	·8300
Part D: Attestation				Application and size secure car, to use the second				
One of the following must sign and a			. <b>b</b> . :		<i>(</i> , , , , , , , , , , , , , , , , , , ,			~
• sole proprietor • one get <b>READ CAREFULLY BEFORE SIGNING</b> I am acting solely on behalf of the applic rights and responsibilities conferred by t according to the law, including but not li to any portion of a licensed premises du revocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information	ant business and n- he license(s), if grau mited to, purchasing ring inspection will t that any license issu submitting false sta	iaw, I have ot on beha nted, will r g alcohol I be deeme ued contra tements a	e answered each alf of any other in not be assigned t beverages from s d a refusal to allo ary to Wis. Stat. 0 nd affidavits in co	dividual or en o another indi tate authorize w inspection. Chapter 125 sonnection with	questions complete tity seeking the lice vidual or entity. I ag d wholesalers. I un Such refusal is a m hall be void under p this application, and	nse. Further, gree to opera derstand tha isdemeanor benalty of sta d that any pe	ully. I a I agree ate this at lack o and gro ate law.	gree that e that the business of access ounds for . I further
Last Name			irst Name				M.I.	
Rahfaldt			Daniel					R
Title Managing Partner		Email drahf:	aldt@xsel]	nrod as	1	Phone (920) 2	70 0	200
Signature	>		alutexsell	Date	01/2		79-8	300
Part E: For Clerk Use Only								
	License Number			Date Lid	ense Granted	Date Licens		
Signature of Clerk/Deputy Clerk					Date Provisional L	icense Issue	d (if app	
B-200 (N. 03-24)			- 2 -		<b>1</b> - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			

Form **AB-220** 

License(s) Requested	Fees		
Temporary "Class B" Wine	Temporary Class "B" Beer	License Fees	\$ 10
		Background Check	\$ 14, -
	1	Total Fees	\$241- 00

Part A: Organization Information					
1. Organization Name					
LUAINEF PRO -	ILACO BOOSTO	1 CLUD			
2. Organization Permanent Address	$\wedge$				
1300 West	ern Ave				
3. City watertoin	$\cap$	4. State 5. Zip Code			
6. Mailing Address (if different from permanent a	(dress)				
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation			
10. Phone	11. Email				
	bouldese	os. wels. net			
12. Organization type (check one)		1			
Bona Fide Club 🗌 Church	E Fair 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 Wisconsin Seller's permit?					
14. Wisconsin Seller's Permit Number (if applicat	le)				

## Part B: Individual Information

AB-220 (N. 4-24)

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	
Bessert	Nicole	President	920-262-810	6
Boulden	Sue	Vice President	+	104
				/
	10.2 5 - 10.04			

Continued

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Section 3, Item B.

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Municipality

- 11

	Section 3, Item B.
Part C: Event Information	
1. Name of Event (if applicable) Lives Predared - A Gift of Talents	
2. Dates of Operation 3. Hours of Operation	
Sot. March 29,2025 . Spm-Mic	lnight
4. Premises Address Ullestern Ave Cym Building	0
5. City WI 53	1094
8. County 9. Governing Municipality 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	1
Dom Wrobel wrobeld @1ps. wels.	10t
13. Organizer Website	linempul
1.ps. wels. net 1.ps. wels. net/app/page	S lives pre- and ecords are sold. Even
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and restored, or consumed, and related records are kept. Describe all rooms within the building, including living quart	ters. Authorized
alcohol beverage activities and storage of records may occur only on the premises described in this application or diagram and additional sheets if necessary.	h. Attach a map
or diagram and additional sheets if necessary. All beverages will be kept in our Gym building, I stored in locked closets until the day before event. A	L'AITIANY
stored in locked closets until the day before event. A	+ aract
time they will be locked in our gym until event be March 20 at spm.	eyins on
Part D: Attestation	
Who must sign this application?	
<ul> <li>one officer or director of the nonprofit organization</li> </ul>	
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other income seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing all from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises durin be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand affidavits in connection with this application, and that any persor	dividual or entity not be assigned cohol beverages g inspection will se. I understand stand that I may
provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted	
Last Name BESSERT First Name NICOVE	M.I.
Title President, BOOSTERS BESSERNJ@LPS.WELS.NET	10000-1000 920-262-8106
Signature Date 128/2	025

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	

# **5th Annual Whiskey and Wine Walk** Hosted by Watertown Area Chamber of Commerce and Watertown Main Street Program

Locations					
<b>Location</b>	Business Name	Contact	Address		
<u>1</u>	Ava's (D)	Amanda Schwefel	209 E. Main Street		
2	Blush Hair Beautique (D)	Kim Grinwald	207 E Main St.		
3	Bradow Jewelers (C)	Susanne Bradow	217 E Main Street		
3	Brown's Shoes (D)	Anthony LeMaster	212 E Main Street		
<u>4</u>	Central Block (D)	Ryan Jones	300 E. Main Street		
<u>5</u>	Don's Corner Pub	Don Frank	501 N 4th Street		
6	Draeger's Floral (D)	Annie Bare & Linda Ebert	616 E. Main Street		
7	Local Waters	Karah Pugh	109 S. 3rd Street		
8	Lyon's Irish Pub	Carol Bohlman	201 E Main Street		
9	Osaka Hibachi Ramen Thai	Harmony	100 E Madison		
10	Rock River Chimney and Fireplace (C)	Tiffany Nehls	216 S 3rd Street		
11	The Chic Boutique ( C ) **	Amber Smith	113 E. Main Street		
12	The Drafty Cellar	Josh Mueller/Alex Savath	110 S. 3rd St.		
13	The Score	Jamie Ellis	300 N 4th St.		
14	Uptown Bar and Grill	Nicole Smith	416 E. Main Street		
15	White Oak Builders ( C )	Dan and Maggie Wegner	14 E. Main St.		

# April 26<sup>th</sup>, 2025 1-4:30pm

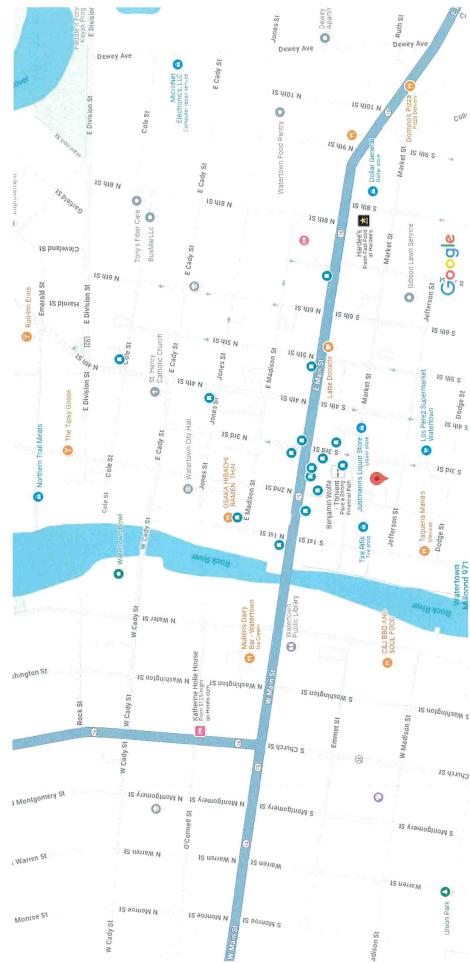
Red font denotes retail locations and black font denotes bar establishments.

\*\* The Chic Boutique has license of their own.

Prepackaged food will be available along the walk at retail locations. Bars that serve food will offer special food options for purchase.

Google Maps

# Whiskey and Wine Walk 2025



Section 3, Item C.

200 ft

Map data ©2025 Google

5t name

Edit list Private 26/40

License(s) Requested		F	ees	
✓ Temporary "Class B" Wine	Temporary Class "B" Beer	License Fees	\$	10.00
		Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Information						
1. Organization Name						
Watertown Area Chamber of	Commerce					
2. Organization Permanent Address		angladhannan taganna prochantar	a ni kao amin'ny faritr'o dia mandra dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia			
519 E Main St						
3. City		4. State	5. Zip Code			
Watertown		WI	53094			
6. Mailing Address (if different from permanent a	ddress)					
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	zation/Incorporation			
39-0689225	08/20/20	Wisconsir	1			
10. Phone	11. Email					
(920) 261-6320	linden@watertownchamber.co	om				
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?						
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
Wasner	Cassandra	Board Chaire	920 - 988 7517
Lavson	Allen	VILE Chaire	262-434-0027
Van ERt	Bridget	Vice Chaire	920-248-1155
Johnson	Dennifere	Secretary	605-852-536
Hertel	Bonnie	Executive. Direct	920-988-5241

Continued  $\rightarrow$ 

AB-220 (N. 4-24)

Part C: Event Information	
1. Name of Event (if applicable)	
5th Annual Whiskey and Wine Walk	
2. Dates of Operation	3. Hours of Operation
4/26/2025	1-4:30pm
4. Premises Address AVals - 209 EMain St.	
5. City Watertown	6. State 7. Zip Code
Jetterson of When	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
13. Organizer Website	14. Event Website
Wortertown Champer Com	Watertown Chamber, cum linhister - wing
stored, or consumed, and related records are kept. Des	s and any outside areas where alcohol beverages and records are sold, scribe all rooms within the building, including living quarters. Authorized occur only on the premises described in this application. Attach a map
Avois - letail Sale	S Floor, 1st floor, inside only
Part D: Attestation	
Who must sign this application?	
one officer or director of the nonprofit organization	
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty truthfully. I agree that I am acting solely on behalf of the a seeking the license. Further, I agree that the rights and rest to another individual or entity. I agree to operate accordin from Wisconsin-permitted wholesalers. I understand that I be deemed a refusal to allow inspection. Such refusal is a that any license issued contrary to Wis. Stat. Chapter 125 be prosecuted for submitting false statements and affidavit	of law, I have answered each of the above questions completely and applicant organization and not on behalf of any other individual or entity sponsibilities conferred by the license(s), if granted, will not be assigned ing to the law, including but not limited to, purchasing alcohol beverages ack of access to any portion of a licensed premises during inspection will a misdemeanor and grounds for revocation of this license. I understand is shall be void under penalty of state law. I further understand that I may ts in connection with this application, and that any person who knowingly ay be required to forfeit not more than \$1,000 if convicted.
Last Name	First Name M.I.
Hertel	Bonnie
Title Email	Phone
Executive Director Bonr	ne@watertownchamber.com (920) 261-6320
Signature AAAA	Date 2-3-25

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
2/3/25	
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

C-Watertaur

Municipality

Form AB-220

License(s) Requested	Fees			
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	🔲 Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00P

Part A: Organization Information				
1. Organization Name				
Watertown Area Chamber of	Watertown Area Chamber of Commerce			
2. Organization Permanent Address				
519 E Main St				
3. City		4. State	5. Zip Code	
Watertown		WI	53094	
6. Mailing Address (if different from permanent	address)			
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	zation/Incorporation	
39-0689225	08/20/20	Wisconsin	1	
10. Phone	11. Email			
(920) 261-6320	(920) 261-6320 linden@watertownchamber.com			
12. Organization type (check one)				
🗌 Bona Fide Club 🛛 Church	🗌 Bona Fide Club 🔹 Church 🔄 Fair Association/Agricultural Society 🔄 Veteran's Organization			
☐ Lodge/Society				
13. Is this organization required to hold a Wisconsin Seller's permit?				
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
Wasner	Cassandra	Board Chaire	920 - 988 7517
Lavson	Allen	VILE CHAIR	262-434-0027
Van ERt	Bridget	Vice Chaire	920-248-1155
guhnson	Dennifere	Secretary	6 65- 852-5320
Hertel	Bonnie	Executive. Directo	420-988-5241

Continued  $\rightarrow$ 

Part C: Event Information			
1. Name of Event (if applicable)			
5th Annual Whiskey and Wine Walk			
2. Dates of Operation		3. Hours of Operation	
4/26/2025		1-4:30pm	
4. Premises Address, BLUSL Hair Beautique - 20-	7 EMain St	·	
5. City INATEHOUSI		6. State 7. Zip Code	4
8. County 9. Governing V dwereev Sco of: Met	etlavis	Village 10. Aldermanic D	vistrict
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Nur		
	Watertopen 11	to Questertaun	Champel Con
13. Organizer Website Watertown Chamber, Con	14. Event Website	mbon com I while	
<ol> <li>Premises Description - Describe the building or buildir stored, or consumed, and related records are kept. De alcohol beverage activities and storage of records ma or diagram and additional sheets if necessary.</li> </ol>	ngs and any outside areas whe escribe all rooms within the bu	re alcohol beverages and reco ilding, including living quarter	ords are sold, s. Authorized
Petail space, 1st fi	work		
	_		
Part D: Attestation			
Who must sign this application?			
<ul> <li>one officer or director of the nonprofit organization</li> </ul>			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalt truthfully. I agree that I am acting solely on behalf of the seeking the license. Further, I agree that the rights and re to another individual or entity. I agree to operate accord from Wisconsin-permitted wholesalers. I understand that be deemed a refusal to allow inspection. Such refusal is that any license issued contrary to Wis. Stat. Chapter 12 be prosecuted for submitting false statements and affidav provides materially false information on this application refusal.	applicant organization and no esponsibilities conferred by the ing to the law, including but no lack of access to any portion of a misdemeanor and grounds 5 shall be void under penalty vits in connection with this appl nay be required to forfeit not n	ot on behalf of any other indivi e license(s), if granted, will not ot limited to, purchasing alcoh of a licensed premises during in for revocation of this license. of state law. I further understa ication, and that any person w	dual or entity t be assigned ol beverages nspection will I understand nd that I may ho knowingly
Last Name	First Name		M.I.
Hertel	Bonnie	a a succession of the second	1
Title Emai		Phone	
$\bigcirc$	ne@watertownchamber.		61-6320
Signature		Date 2-3-25	5

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
2/3/25	
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Municipality

Section 3, Item C.

License(s) Requested	Fees			
	Temporary Class "B" Beer	License Fees	\$	10.00
✓ Temporary "Class B" Wine		Background Check	\$	
		Total Fees	\$	10-00F

Part A: Organization Information				
1. Organization Name				
Watertown Area Chamber of	Commerce			
2. Organization Permanent Address		112 March 2010 - 2010 - 12 March 19 March 19 (12) 21		
519 E Main St				
3. City		4. State	5. Zip Code	
Watertown		IW	53094	
6. Mailing Address (if different from permanent	address)			
7. FEIN	8. Date of Organization/Incorporation	9. State of Organi	zation/Incorporation	
39-0689225	08/20/20	Wisconsin	n	
10. Phone	11. Email			
(920) 261-6320	(920) 261-6320 linden@watertownchamber.com			
12. Organization type (check one)	·			
Bona Fide Club Church	Fair Association/Agricultural Socie	ety 🗌 Vete	ran's Organization	
□ Lodge/Society				
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
Waper	Cassandva	Board Charl	920-988-7517
l'arson	Allen	Vice-Charle	\$262-434-
Nanect	Bridget	Vice Chaire	920-248- 1155
aphndon	gennfer	Secretary	605-852-556
Hettel	Bonnie	Executive Direct	ak 920-988-504

Continued  $\rightarrow$ 

20

Part C: Event Information			
1. Name of Event (if applicable)			
5th Annual Whiskey and Wine Walk			
2. Dates of Operation	3. Hours of Operation		
4/26/2025	1-4:30pm		
4. Premises Address	Ellis &		
	E Main St.		
5. City	6. State 7. Zip Code		
NULTIOLOA			
8. County APPENSON 9. Governing Municipal of: NOTEXT	ity 🔏 City 🗌 Town 🗌 Village 10. Aldermanic District		
	2. Email and/or Phone Number for Organizer of Event		
Notettown Aven Chamber I	DONNIE @ water Town champel, (an		
	4. Event Website		
Notettawn Chambel. com	Jatettown chamber com whilkey whe		
	any outside areas where alcohol beverages and records are sold,		
	all rooms within the building, including living quarters. Authorized r only on the premises described in this application. Attach a map		
or diagram and additional sheets if necessary.			
Bradouts -retail sales f	100R - 1st Aour only, inside		
101000 110000 000000 1	and the store		
Part D: Attestation			
Who must sign this application?	E.a. Ha		
one officer or director of the nonprofit organization			
	w I have answered each of the above questions completely and		
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity			
	sibilities conferred by the license(s), if granted, will not be assigned		
	the law, including but not limited to, purchasing alcohol beverages f access to any portion of a licensed premises during inspection will		
	demeanor 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 or provides materially false information on this application may be	connection with this application, and that any person who knowingly		
	* 		
	M.I.		
	nnie		
Title Email	Phone		
	atertownchamber.com (920) 261-6320		
Signature Date 2-3-25			
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number		
2/3/25			
Date License Granted	Date License Issued		

Signature of Clerk/Deputy Clerk

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

Part A: Organization Information	5		=			
1. Organization Name						
Watertown Area Chamber of Commerce						
2. Organization Permanent Address						
519 E Main St		~				
3. City		4. State	5. Zip Code			
Watertown		WI	53094			
6. Mailing Address (if different from permanent a	ddress)					
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	zation/Incorporation			
39-0689225	08/20/20	Wisconsir	1			
10. Phone	11. Email					
(920) 261-6320	linden@watertownchamber.co	om				
12. Organization type (check one)						
🗌 Bona Fide Club 🗌 Church	Fair Association/Agricultural Socie	ety 🗌 Veter	ran'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
Hagner	Cassandra	Ound Charles	96-988-7517
Lavson	Allen	I HOU CHUIK	262-434-0027
VanErt	Bridget	Vice Main.	920-248-1155
Johnson	Jenn Per	Secretary	608-852-65
Altel	Bunie	Executive Directo	968-5241

Continued  $\rightarrow$ 

Section 3, Item C.

Municipality

C-Invitertrun

Part C: Event Information			
1. Name of Event (if applicable)		and decomposition (1998). In a surround	
5th Annual Whiskey and Wine Walk			
2. Dates of Operation		3. Hours of Operation	n
4/26/2025		1-4:30pm	
4. Premises Address	In a		
BIDWAS Shoes - 212 G	Van St		
5. City			. Zip Code
Watertown		W	53099
8. County 9. Governing Muni		Village 10. Al	dermanic District
	town		T
11-Organizer of Event (if not the named applicant)	12. Email and/or Phone Num	1	
13. Organizer Website	14. Event Website	IOWN CHAN	Pl, lom
	watertown Cha	abola (a)	1. Mar Car - 11.
15. Premises Description - Describe the buildings			
stored, or consumed, and related records are kept. Desc alcohol beverage activities and storage of records may o	cribe all rooms within the bu	ilding, including livir	ng quarters. Authorized
or diagram and additional sheets if necessary.			
Brawn's Shoes - Reta	10 Salos 1	AUN CUD	61.
Direction Sources Treated	a mes	muzy 1910	side only
			T
			$\bigcirc$
Part D: Attestation			že., 19.
Who must sign this application?			
<ul> <li>one officer or director of the nonprofit organization</li> </ul>			
READ CAREFULLY BEFORE SIGNING: Under penalty of			
truthfully. I agree that I am acting solely on behalf of the ap seeking the license. Further, I agree that the rights and resp			
to another individual or entity. I agree to operate according			
from Wisconsin-permitted wholesalers. I understand that la			
be deemed a refusal to allow inspection. Such refusal is a that any license issued contrary to Wis. Stat. Chapter 125 s			
be prosecuted for submitting false statements and affidavits			
provides materially false information on this application ma			
Last Name	First Name		M.I.
Hertel	Bonnie		
Title Email			Phone
Executive Director Bonne	e@watertownchamber.	com	(920) 261-6320
Signature	$\wedge$	Date	2 7 5
		2-2	3-25
	0		
Part E: For Clerk Use Only			р. — — — — — — — — — — — — — — — — — — —
Date Application Was Filed With Clerk	License Number		
$\sim$ $2/3/25$			
Date License Granted	Date License Issued		
Signature of Clerk/Deputy Clerk			
			_

Municipality C-Waterhaur

Form

AB-220

License(s) Requested		Fees		
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00 6

Part A: Organization Information				
1. Organization Name				
Watertown Area Chamber of	Commerce			
2. Organization Permanent Address				
519 E Main St				
3. City		4. State	5. Zip Code	
Watertown		WI	53094	
6. Mailing Address (if different from permanent a	address)	ner et en staar geboert die ster en de seeren die seeren die seeren die seeren die seeren die seeren die seeren		
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	zation/Incorporation	
39-0689225	08/20/20	Wisconsir	1	
10. Phone	11. Email			
(920) 261-6320	linden@watertownchamber.co	m		
12. Organization type (check one)				
🗌 Bona Fide Club 🛛 Church	Fair Association/Agricultural Societ	y 🗌 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?				
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
Wasner	Cassandra	Board Chaire	920-988 7517
Lavson	Allen	VILE Chaire	262-434-0027
Van ERt	Bridget	Vice Chaire	920-248-1155
Johnson	Dennifere	Secretary	6 15- 852-536
Hertel	Bonnie	Executive Direct	TK 920-988-5241

Continued  $\rightarrow$ 

Part C: Event Information	
1. Name of Event (if applicable)	
5th Annual Whiskey and Wine Walk	
2. Dates of Operation	3. Hours of Operation
4/26/2025	1-4:30pm
4. Premises Address (CATIOL, BLOCK - 300 E. Main 87	
5 city Natertawn (20	6. State 7. Zip Code
8. County 9. Governing Municipality City Town ferrer Str	Village 10. Aldermanic District
11. Organizer of Event (if not the named applicant) 12. Email and/or Phone Nur	
120 Into C Wat	atour (pamber 1 cm
13. Organizer Website 14. Event Website	
Watertown (namber (on Watertown char	nber. com/whisley-wine
15. Premises Description - Describe the building or buildings and any outside areas whe stored, or consumed, and related records are kept. Describe all rooms within the building beverage activities and storage of records may occur only on the premises or diagram and additional sheets if necessary. Retail - IST Flow ONLY INST	ere alcohol beverages and records are sold, uilding, including living quarters. Authorized described in this application. Attach a map

## 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.
Hertel		Bonnie		
Title	Email /		Phone	
Executive Director	Bonne	e@watertownchamber.com	(920) 2	61-6320
Signature Barth	AL	Date	-3.2	5

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 2355	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Fees

License(s) Requested		Fees		
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00 0

Part A: Organization Information					
1. Organization Name					
Watertown Area Chamber of	Commerce				
2. Organization Permanent Address					
519 E Main St					
3. City		4. State	5. Zip Code		
Watertown		WI	53094		
6. Mailing Address (if different from permanent a	ddress)				
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	zation/Incorporation		
39-0689225	08/20/20	Wisconsir	ı		
10. Phone	11. Email				
(920) 261-6320	linden@watertownchamber.co	Sm			
12. Organization type (check one)					
Bona Fide Club Church	Fair Association/Agricultural Socie	ety 🗌 Veter	ran's Organization		
☐ Lodge/Society	er of Commerce or similar Civic or Trade Org	anization under c	h. 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
Wopmer	Cassandra	Board Chaile	960-988-7517
Lavson	Allen	Nice Omie	262-434 5025
Van Ert	Bridset	Vice, Chaire	920-248-1155
Aphason	Denmifer	Secretary	608-852-5526
Herter	Bonnie	Exective Dreator	920-985-241

Continued  $\rightarrow$ 

Section 3, Item	ction 3, Item C.
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Part C: Event Information
1. Name of Event (if applicable)
5th Annual Whiskey and Wine Walk
2. Dates of Operation 3. Hours of Operation
4/26/2025 1-4:30pm
4. Premises Address
Dragger's + lorae - 618 E Mainst
5. City Notestown 53094
8. County       9. Governing Municipality, X City I Town Village       10. Aldermanic District         Jeffelson       of:       Notertous       4
11. Organizer of Event (if not the named applicant) 12. Email and/or Phone Number for Organizer of Event
Notettown Alea Chamber Donniel watertown chamber, com
13. Organizer Website 14. Event Website
Watertown chamber con Washing wine
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.
Dratger's floral, Retail Sales four, inside only
Part D: Attestation
Who must sign this application?
<ul> <li>one officer or director of the nonprofit organization</li> </ul>

**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.
Hertel	Bonnie	
Title Email	$\wedge$	Phone
Executive Director	e@watertownchamber.com	(920) 261-6320
Signature	Date 2 -	-3-25

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		

Watertu

Municipality

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Form AB-220

License(s) Requested		F	ees	
		License Fees	\$	10.00
✓ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

Part A: Organization Information				
1. Organization Name				
Watertown Area Chamber of	Commerce			
2. Organization Permanent Address				
519 E Main St				
3. City		4. State	5. Zip Code	
Watertown		ΜI	53094	
6. Mailing Address (if different from permanent a	address)			
7. FEIN	8. Date of Organization/Incorporation	9. State of Organia	zation/Incorporation	
39-0689225	08/20/20	Wisconsir	1	
10. Phone	11. Email			
(920) 261-6320 linden@watertownchamber.com				
12. Organization type (check one)	<b></b>			
🗌 Bona Fide Club 🔹 Church 🔄 Fair Association/Agricultural Society 🔄 Veteran's Organization				
Lodge/Society I 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)				

## 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
Wasner	Cassandra	Board Chaire	920 - 988 7517
Lavson	Allen	Vice Craire	262-434-0027
Van ERt	Bridget	Vice Chaire	920-248-1155
Johnson	Dennifere	Secretary	6 &- 852-53205
Hertel	Bannie	Executive. Direct	TK 920-988-5241

Part C: Event Information			
1. Name of Event (if applicable)			
5th Annual Whiskey and Wine Walk			
2. Dates of Operation	3. Hours of Operation	n	
4/26/2025	1-4:30pm		
4 Bremises Address Buck HNER - 2165. 3RA St.			
5. City		. Zip Code	
Watertown		53094	
8. Sounty 9. Governing Munic JETTE(S) of: WATEH	aun	termanic District	
19. Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Organizer of E		
Nal	into C Watertown chamber, co	m	
13. Organizer Website	14. Event Website	10.	
Watertown Chamber Com	watertawn(hamber, (um fwhy		
15. Premises Description - Describe the building or buildings stored, or consumed, and related records are kept. Descriptional alcohol beverage activities and storage of records may or or diagram and additional sheets if necessary.	ribe all rooms within the building, including livin ccur only on the premises described in this ap	g quarters. Authorized plication. Attach a map	
Retail Floor of hour	- River, 1st floor on	S	
Part D: Attestation			
Who must sign this application?			
<ul> <li>one officer or director of the nonprofit organization</li> </ul>			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
	First Name	M.I.	
	Bonnie	?hone	
Title Email Executive Director Bonne	@watertownchamber.com	(920) 261-6320	
Signature Bastan	Date 2-3	-25	
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	1		

Municipality

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Form AB-220

License(s) Requested		Fe	ees	
✓ Temporary "Class B" Wine		License Fees	\$	10.00
	Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10,070

Part A: Organization Information	Part A: Organization Information				
1. Organization Name					
Watertown Area Chamber of	Watertown Area Chamber of Commerce				
2. Organization Permanent Address					
519 E Main St					
3. City		4. State	5. Zip Code		
Watertown		WI	53094		
6. Mailing Address (if different from permanent a	address)				
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiz	zation/Incorporation		
39-0689225	08/20/20	Wisconsir	1		
10. Phone	11. Email				
(920) 261-6320	(920) 261-6320 linden@watertownchamber.com				
12. Organization type (check one)					
🗌 Bona Fide Club 🛛 Church	Fair Association/Agricultural Societ	ty 🗌 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?					
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 910 andra hair. Oad ner 262-434-002 20 920-248 -1155 VI 615-SUS ď 920-985 livective J W P

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Continued  $\rightarrow$ 

Davit Cr. Evant Information			
Part C: Event Information         1. Name of Event (if applicable)			
5th Annual Whiskey and Wine Walk			
2. Dates of Operation	3. Hours of Operation		
4/26/2025	1-4:30pm		
4. Premises Address	11: 6-		
5. City	6. State 7. Zip Code		
Distonmen Watertown	WI 53094		
8, Coupty 9. Governing Municip ACTEVTI			
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Organizer of Event		
Watatown Avea (hamber	DUNNIE O. watertuwn (namber. in		
ro. organizor rrobolio	14. Event Website		
Watertown Chamber (org 1	Jatertaune Marnhor, com Unillez-Winte		
stored, or consumed, and related records are kept. Describ alcohol beverage activities and storage of records may occ or diagram and additional sheets if necessary.	nd any outside areas where alcohol beverages and fecords are sold, be all rooms within the building, including living quarters. Authorized cur only on the premises described in this application. Attach a map		
White Oak Builders -	- hetcue Sales Flour, inside		
	only		
	U		
Part D: Attestation			
Who must sign this application?			
<ul> <li>one officer or director of the nonprofit organization</li> </ul>			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Fi	rst Name M.I.		
	onnie		
Title Email Executive Director Bonne®	watertownchamber.com (920) 261-6320		
Signature	Date 2=3-25		
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			

Section 4, Item A.

DATE OF EVENT	EVENT NAME/FOLDER	ORGANIZATION	EVENT DESCRIPTION	REPEAT OR 1ST YEAR	CITY SPONSORED?	EVENT FOR A FEDERAL HOLIDAY? (no fees)
3/9/2025	Morning Mixer	Watertown Main St Program	Adult Beverage walk to create downtown activity	Repeat	no	no
3/15/2025	<u>Jig Jog</u>	Education Foundation of Watertown- <b>JIG JOG</b>	5k RUN TO RAISE MONEY FOR CITY SCHOOLS	Repeat	no	no
4/26/2025	<u>Whiskey Wine</u> <u>Walk</u>	Watertown Area Chamber of Commerce	Create Downtown activity	Repeat	no	no

## CITY OF WATERTOWN

#### Report Writer - Operators for Police Department

Section 4, Item B.

Page: 1 Jan 03, 2025 2:50PM

## Report Criteria:

License Type.Description = "Operator's License"

License.License issued date = 12/01/2024-12/31/2024

Business Name	Works At	Home Address	City	State	Zip	Date of Birth	License Issued Date
Amanda S Medina	Bismarck's Bar & Grill	915 Cleveland St	Watertown	WI	53098	11/03/1978	12/26/2024
Barbara Truran	Pick 'N Save	1601 Lakeside Ter	Watertown	WI	53094	01/27/1957	12/02/2024
Dustin Gruling		617 Mary Knoll Ln	Watertown	WI	53098	06/25/1991	12/02/2024
Elizabeth Neuton	Walgreens	5 Brian Ct	Watertown	WI	53094	07/27/2006	12/17/2024
Emma M Smulders	Pick 'N Save	404 Canadian Ct	Watertown	WI	53094	09/15/2006	12/03/2024
Jeronimo Contreras Lopez	Fiesta Las Margaritas LLC	203 S Maple St	Oconomowoc	WI	53066	09/30/1982	12/17/2024
Joshua Perschke	Bismarck's Bar & Grill	633 Brookstone Way	Watertown	WI	53094	01/27/1981	12/26/2024
Kenneth Bruce	Pick 'N Save	5 Highcliff Ct	Madison	WI	53718	09/12/1964	12/03/2024
Larissa Villarreal	Bismarck's Bar & Grill	739 N Church St	Watertown	WI	53098	02/03/2000	12/26/2024
Laura Hinkes	BISMARKS	210 Riverlawn Ave	Watertown	WI	53094	04/27/1967	12/26/2024
Ming Calearn Nicholas Hang	Wal-Mart Stores East, LPdba Walmart #	1334 Louisa St	Watertown	WI	53098	11/24/2006	12/26/2024
Savannah Suhm	Pick 'N Save	N84016 Pleasant Valley Ln	Watertown	WI	53094	06/25/2005	12/02/2024
Shelby J Mutter	Walgreens	307 Union St	Watertown	WI	53098	11/21/2001	12/17/2024
Stephanie J Lillge	MEEGI five LLC dba Run-Inn Erin's	N9148 Klug Lane	Waterloo	WI	53594	04/23/1994	12/02/2024

## CITY OF WATERTOWN

#### Report Writer - Operators for Police Department

Section 4, Item B.

Page: 1 Feb 04, 2025 1:59PM

## Report Criteria:

License Type.Description = "Operator's License"

License.License issued date = 01/01/2025-01/31/2025

Business Name	Works At	Home Address	City	State	Zip	Date of Birth	License Issued Date
Abel Rivera	Shell	304 N Water St	Watertown	WI	53094	04/30/1982	01/21/2025
Adam A Koelbl	Marquardt	204 S Brookwood Dr #104	Mt Horeb	WI	53572	04/04/1982	01/29/2025
Amber Brozek	Bismarck's Bar & Grill	1207 N Water St	Watertown	WI	53098	12/29/1986	01/07/2025
Anna Mae Scott	Run Inn Erins	44 S Chestnut St	Oconomowoc	WI	53066	09/30/1989	01/07/2025
Aracely Jose Cruz	El Mariachi	602 Bernard St #7	Watertown	WI	53094	02/21/1989	01/21/2025
Emma J DeValkenaere	Gasthaus	W4406 Riverview Rd	Watertown	WI	53094	04/27/2002	01/10/2025
Johnathan W Baier		1112 Oak St	Watertown	WI	53098	02/01/1985	01/07/2025
Joseph Edward Farmer	Local Waters	210 1/2 N Church St	Watertown	WI	53094	12/22/1971	01/07/2025
Laressa Moretti	BISMARKS	1407 Dakota St	Watertown	WI	53094	04/05/1997	01/07/2025
Mariam Cruz Oliva	El Mariachi	1006 S 7th St	Watertown	WI	53094	07/19/2000	01/07/2025
Mark Robert Heiden	Moose Lodge	N1003 Second St Rd	Watertown	WI	53098	09/24/1959	01/07/2025
Micah Vannieuwenhoven	Uptown Bar	1309 Allermann Dr	Watertown	WI	53094	04/01/2006	01/16/2025
Rosa Elena Santivanez	Los Perez Supermarket	807 Clark St	Watertown	WI	53094	09/01/1997	01/29/2025
Tony West	Run Inn Erins	415 E Water St	Watertown	WI	53094	10/13/1973	01/07/2025