



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 cityclerk@watertownwi.gov phone 920-262-4000

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



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

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

Form
AB-200

Alcohol Beverage License Application

For Municipality	Section 3, Item A.
Municipality	WATERTOWN
License Period	07/01/2024 - 06/30/2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____ Background Check \$7.00 Each

Fees	
License Fees	\$ 600.00
Background Checks	\$
Publication Fee	\$ 300.00
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Silver Creek Investors LLC		
2. Business Trade Name or DBA Watertown Country Club		
3. FEIN 33-1738595	4. Wisconsin Seller's Permit Number 456-1031898644-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 10/30/2024	8. Wisconsin DFI Registration Number S157111
9. Premises Address 1340 N Water St		
10. City Watertown	11. State WI	12. Zip Code 53098
13. County Dodge	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown	15. Aldermanic District 6
16. Premises Phone (920) 261-5009	17. Premises Email drahfaltdt@xsellprod.com	18. Website 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 alcohol.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

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

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
Rahfaldt	Daniel	Managing Partner	(920) 279-8300

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Rahfaldt	First Name Daniel	M.I. R
Title Managing Partner	Email drahfaldt@xsellprod.com	Phone (920) 279-8300
Signature 		Date 01/29/25

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		Date Provisional License Issued (if applicable)	

Temporary Alcohol Beverage License

Municipality

C. Wauwatosa

Section 3, Item B.

License(s) Requested	Fees
<input checked="" type="checkbox"/> Temporary "Class B" Wine	License Fees \$ 10.-
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check \$ 14.-
	Total Fees \$ 24.- Pd

Part A: Organization Information				
1. Organization Name Luther Prep School Booster Club				
2. Organization Permanent Address 1300 Western Ave				
3. City Wauwatosa		4. State WI	5. Zip Code 53094	
6. Mailing Address (if different from permanent address)				
7. FEIN		8. Date of Organization/Incorporation		9. State of Organization/Incorporation
10. Phone		11. Email bouldese@lps.wis.net		
12. Organization type (check one)				
<input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization				
<input checked="" type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input type="checkbox"/> 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
Bessert	Nicole	President	920-262-8106
Boulden	Sue	Vice President	920-262-8104

Continued

6

Part C: Event Information

1. Name of Event (if applicable) Lives Prepared - A Gift of Talents			
2. Dates of Operation Sat. March 29, 2025		3. Hours of Operation 5pm - Midnight	
4. Premises Address 1300 Western Ave Gym Building			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Dom Wrobel		12. Email and/or Phone Number for Organizer of Event wrobel@lps.wels.net	
13. Organizer Website lps.wels.net		14. Event Website lps.wels.net/app/pages/livesprepared-event	
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. All beverages will be kept in our Gym building, initially stored in locked closets until the day before event. At that time they will be locked in our gym until event begins on March 20 at 5pm.			

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 BESSERT		First Name NICOLE		M.I. J
Title President, Boosters		Email BESSERNT@LPS.WELS.NET	Phone 920-262-8106	
Signature 			Date 1/28/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 1/30/25	License Number 2025-004
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

April 26th, 2025 1-4:30pm

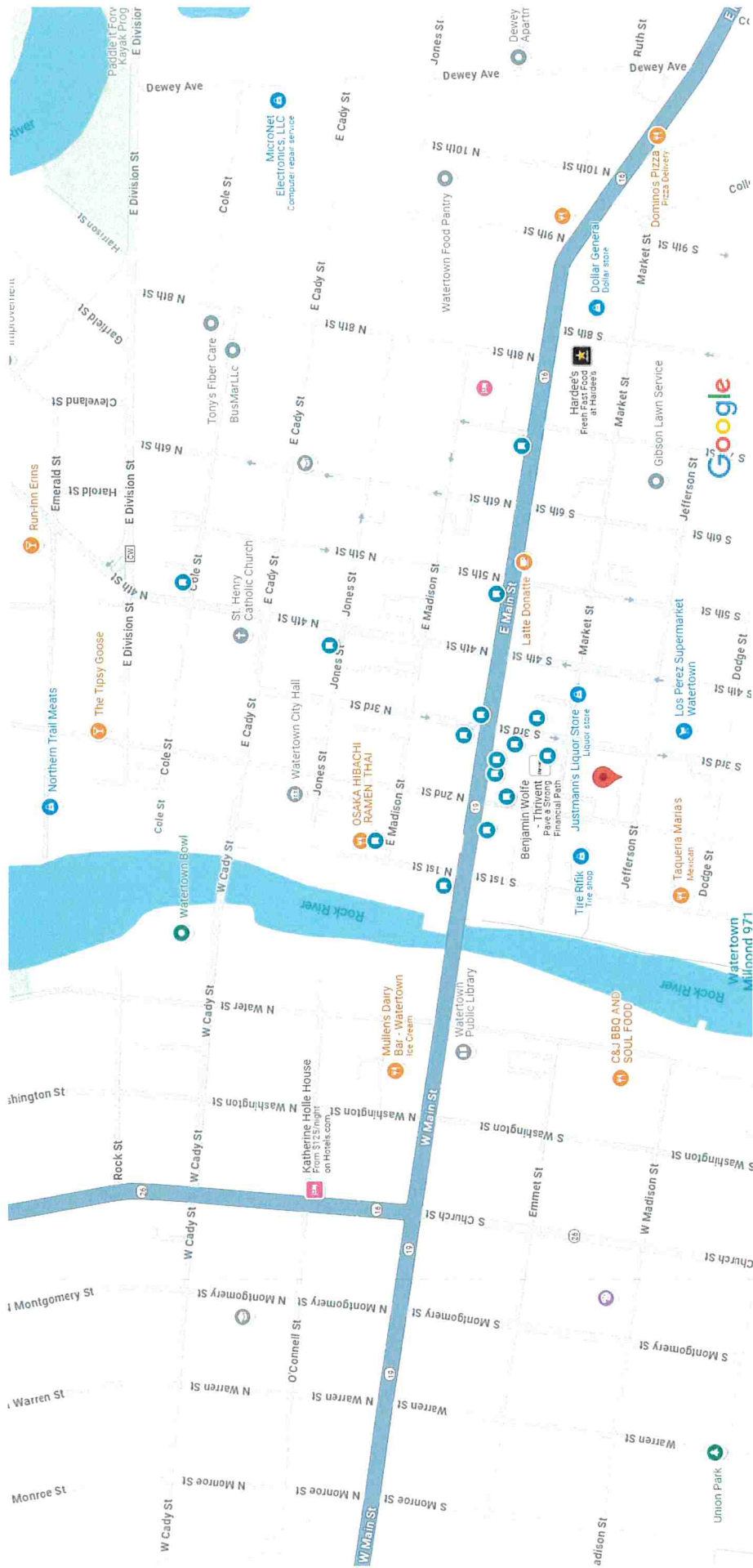
Locations			
<u>Location</u>	<u>Business Name</u>	<u>Contact</u>	<u>Address</u>
<u>1</u>	Ava's (D)	Amanda Schwefel	209 E. Main Street
<u>2</u>	Blush Hair Beautique (D)	Kim Grinwald	207 E Main St.
<u>3</u>	Bradow Jewelers (C)	Susanne Bradow	217 E Main Street
<u>3</u>	Brown's Shoes (D)	Anthony LeMaster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

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.

Whiskey and Wine Walk 2025



Map data ©2025 Google 200 ft

Edit list

Private

st name

Form
AB-220

Temporary Alcohol Beverage License

Municipality

C. Watertown

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

Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	920-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Dennifer	Secretary	608-852-5505
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

Part C: Event Information


1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Avals - 209 E Main St.			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District 7
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event bonnie@watertownchamber.com	
13. Organizer Website WatertownChamber.com		14. Event Website WatertownChamber.com/whiskey-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. Avals - Retail Sales floor, 1st floor, inside only			

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 Hertel		First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com		Phone (920) 261-6320
Signature 		Date 2-3-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality

C. Watertown

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

Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Dennifer	Secretary	608-852-5505
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

Part C: Event Information

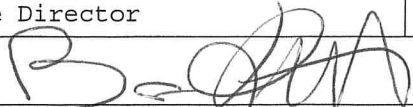
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Blush Hair Boutique - 207 E. Main St			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District 7
11. Organizer of Event (if not the named applicant) I		12. Email and/or Phone Number for Organizer of Event Watertowninfo@watertownchamber.com	
13. Organizer Website WatertownChamber.com		14. Event Website WatertownChamber.com/Whiskey-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. Retail space, 1st floor only			

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 Hertel		First Name Bonnie		M.I. K
Title Executive Director	Email Bonne@watertownchamber.com		Phone (920) 261-6320	
Signature 			Date 2-3-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Municipality

C. Watertown

Form

AB-220

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> 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 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

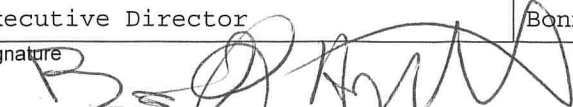
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Wagner	Cassandra	Board Chair	920-988-7517
Carson	Allen	Vice-Chair	920-434-0027
Jan Eet	Bridget	Vice-Chair	920-248-1155
Johnson	Jennifer	Secretary	608-852-5565
Hether	Bonnie	Executive Director	920-988-5041

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1 - 4 : 30pm	
4. Premises Address Bradow Jewellers - 217 E Main St.			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District 7
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event bonnie@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/whiskey-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. Bradows - retail sales floor - 1st floor only, inside			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
<p>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.</p>		
Last Name Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

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

Municipality

C. Watertown

Form
AB-220

Temporary Alcohol Beverage License

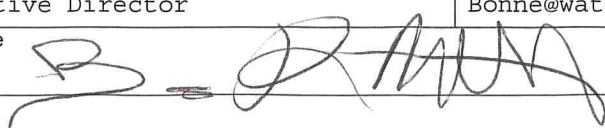
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00 <i>pd</i>

Part A: Organization Information				
1. Organization Name Watertown Area Chamber of Commerce				
2. Organization Permanent Address 519 E Main St				
3. City Watertown			4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)				
7. FEIN 39-0689225		8. Date of Organization/Incorporation 08/20/20		9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320		11. Email linden@watertownchamber.com		
12. Organization type (check one)				
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Wagner	Cassandra	Board Chair	920-988-7512
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Jennifer	Secretary	608-852-5565
Hettel	Bonnie	Executive Director	920-988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Browns Shoes - 212 E. Main St.			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District 7
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event bonnie@watertownchamber.com	
13. Organizer Website WatertownChamber.com		14. Event Website WatertownChamber.com/Whiskey-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. Browns Shoes - Retail Sales floor, inside only			

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 Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonne@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

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

Form
AB-220

Temporary Alcohol Beverage License

Municipality

E. Watertown

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

Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Dennifer	Secretary	608-852-5565
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

Part C: Event Information

1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Central Block - 300 E. Main St			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District 7
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event info@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/whiskey-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. Retail - 1st floor only; inside			

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 Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality

C. Watertown

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

Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Wagner	Cassandra	Board Chair	920-988-7517
Lavson	Allen	Vice Chair	262-434-5027
Van Eet	Bridget	Vice Chair	920-248-1155
Johnson	Denifer	Secretary	608-852-5526
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

Part C: Event Information

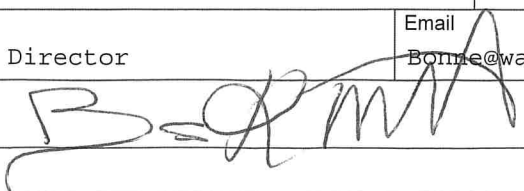
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Dräger's Floral - 618 E Main St			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District 4
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event bonnie@watertownchamber.com	
13. Organizer Website Watertownchamber.com		14. Event Website Watertownchamber.com / Whiskey-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. Dräger's floral, Retail Sales floor, inside only			

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 Hertel		First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com	Phone (920) 261-6320	
Signature 		Date 2-3-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality
C. Watertown

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

Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

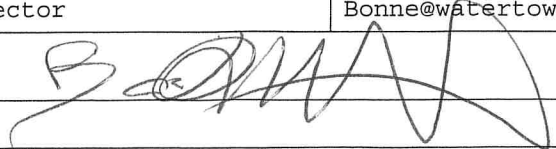
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Dennifer	Secretary	608-852-5505
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Rock River - 216 S. 3rd St.			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District 7
11. Organizer of Event (if not the named applicant) Nal		12. Email and/or Phone Number for Organizer of Event info@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/whiskey-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. Retail Floor of Rock River, 1st floor only			

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 Hertel		First Name Bonnie	
Title Executive Director		Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 2-3-2025	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality

C. Watertown

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> 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 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

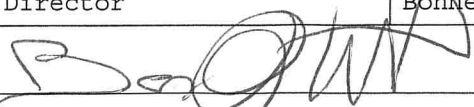
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
GJohnson	Dennifer	Secretary	608-852-5505
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address White Oak Builders - 14 E Main St.			
5. City Watertown		6. State WI	7. Zip Code 53094
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of Watertown		10. Aldermanic District 7
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event Bonnie@watertownchamber.com	
13. Organizer Website Watertownchamber.com		14. Event Website Watertownchamber.com/Whiskey-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. White Oak Builders - Retail Sales floor, inside only			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
<p>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.</p>		
Last Name Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 2-3-2025	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

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	Jig Jog	Education Foundation of Watertown-JIG JOG	5k RUN TO RAISE MONEY FOR CITY SCHOOLS	Repeat	no	no
4/26/2025	Whiskey Wine Walk	Watertown Area Chamber of Commerce	Create Downtown activity	Repeat	no	no

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, LP--dba 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 Muttter	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

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