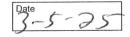
MAR 0 5 2025

Form AB-102

Alcohol Beverage License and Permit Transfer Application



Use this form to transfer a municipally-issued alcohol beverage retail license to a different person. Also use this form to transfer a retail license or a state-issued alcohol beverage permit to another physical location. Submit this form only to the issuing authority.

Transfer Fees S D	Transfer Type (check one) ☐ Person-to-Person (no fee) ☒ Place-to-Place (\$10 fee)		rees		
Municipal Retail License State Issued-Permit Publication Fee \$ 200	Type of Authorization to transfer (check one)		Transfer Fees	\$ 10	
Total Fees \$ 310			Publication Fee	\$ 300	
Part A: Current Business Information 1. Legal Business Name (individual name if sole proprietor) JDT LLC 2. Business Trade Name or DRA DC J Short SAV 3. FEIN 4. Wisconsin Seller's Permit Number 456-10300 2117 2-02 5. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization 6. Premises Address 7. City 10. County 11. Governing Municipality SCity Town Village of: Watertown 12. Premises Phone 13. Premises Email 14. Contact Person Name 15. Website 16. Contact Person Name JETTY HELET 16. Contact Person Phone 17. Contact Person Email Part B: Transfer from Person-to-Person New Business Information 1. Reason for license transfer (check one) Death Disability Foreclosure Assignment to Creditor Bankruptcy 2. Legal Business Name of New Licensee (individual name if sole proprietorship) 3. New Licensee Phone 4. New Licensee Email 5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form Yes No	Name of License/Permit (e.g. "Class A" Liquor or Brewery)		Background Check	\$	
Part A: Current Business Information 1. Legal Business Name (individual name if sole proprietor) J D H LLC 2. Business Trade (Name or DBA D) SETIN	Class B	55			
1. Legal Business Name (individual name if sole proprietor) Susingess Trade Name or DBA			Total rees	1 310	
1. Legal Business Name (individual name if sole proprietor) Susingess Trade Name or DBA					
2. Busiquess Trade Name or DBA DE J Sports Bay 3. FEIN BY 260231 5. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization 6. Premises Address BO E Main State State					
3. FEIN SY 26022 4. Wisconsin Seller's Permit Number 456-10300 2117 2-02 5. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization 6. Premises Address 7. City 11. Governing Municipality Sity Town Village of: Waterfown 12. Premises Phone 13. Premise Email 14. Contact Person Name 15. Website 15. Website 15. Website 15. Website 16. Contact Person Plione 17. Contact Person Email 16. Website 17. Contact Person Email 18. Website 18. Website 18. Website 19. Zip Code 19. Zi	1. Legal Business Name (Individual name if sole proprietor)				
3. FEIN SY 26022 4. Wisconsin Seller's Permit Number 456-10300 2117 2-02 5. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization 6. Premises Address 7. City 11. Governing Municipality Sity Town Village of: Waterfown 12. Premises Phone 13. Premise Email 14. Contact Person Name 15. Website 15. Website 15. Website 15. Website 16. Contact Person Plione 17. Contact Person Email 16. Website 17. Contact Person Email 18. Website 18. Website 18. Website 19. Zip Code 19. Zi	2 Business Trade Name or DBA				
Selective type (check one)	DET Sources Par				
S. Entity Type (check one)	3. FEIN	t Number			
S. Entity Type (check one)	84 2602211	456-103002	56-10300211-2-02		
6. Premises Address 20	5. Entity Type (check one)				
3. State 9. Zip Code 11. Governing Municipality 5. City Town Village of: Watertown 12. Premises Phone 13. Premise Email 4. Contact Person Name 15. Website 15. Website 16. Contact Person Pilone 17. Contact Person Email 17. Contact Person Pilone 17. Contact Person Email 18. Transfer from Person-to-Person New Business Information 18. Reason for license transfer (check one) 19. Disability Foreclosure Assignment to Creditor Bankruptcy 2. Legal Business Name of New Licensee (individual name if sole proprietorship) 3. New Licensee Phone 4. New Licensee Email 4. New Licensee Completed AB-100? Submit a completed Form AB-100 with this form Yes No	☐ Sole Proprietor ☐ Partnership Limited Liability Company Corporation Nonprofit Organization				
11. Governing Municipality State 9. Zip Code Stage 10. County 11. Governing Municipality City Town Village of: Waterfown 12. Premises Phone 13. Premise Email hellers Cellar Qyahw. Com 14. Contact Person Name 15. Website 15. Website 16. Contact Person Pilone 17. Contact Person Email hellers Cellar tyahro Com 17. Contact Person Pilone 17. Contact Person Email hellers Cellar tyahro Com 18. Transfer from Person-to-Person New Business Information 19. Reason for license transfer (check one) Death Disability Foreclosure Assignment to Creditor Bankruptcy 2. Legal Business Name of New Licensee (individual name if sole proprietorship) 3. New Licensee Phone 4. New Licensee Email 5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form Yes No					
12. Premises Phone 13. Premise Email 15. Website 15. Website 16. Contact Person Name 17. Contact Person Email 17. Contact Person Email 17. Contact Person Email 18. Website 18. Website 19. Orall Person Plyone 18. Transfer from Person-to-Person New Business Information 18. Reason for license transfer (check one) 19. Death 19. Disability 19. Foreclosure 19. Assignment to Creditor 19. Bankruptcy 19. New Licensee Phone 19. New Licensee Email 19. New Licensee completed AB-100? Submit a completed Form AB-100 with this form 19. Yes 19. No					
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14. Contact Person Name 15. Website 16. Contact Person Pilone 17. Contact Person Email 17. Contact Person Email 18. Website 18. Cellar Eyakro & Complete EITHER Part B OR Part C, based on the type of transfer you selected at the top of this form. Part B: Transfer from Person-to-Person New Business Information 1. Reason for license transfer (check one) Death Disability Foreclosure Assignment to Creditor Bankruptcy 2. Legal Business Name of New Licensee (individual name if sole proprietorship) 3. New Licensee Phone 4. New Licensee Email 4. New Licensee Completed AB-100? Submit a completed Form AB-100 with this form Yes No					
Terry Heller 16. Contact Person Pilone 17. Contact Person Email 18. Contact Person Pilone 19318-4269 19. Complete EITHER Part B OR Part C, based on the type of transfer you selected at the top of this form. Part B: Transfer from Person-to-Person New Business Information 1. Reason for license transfer (check one) Death Disability Foreclosure Assignment to Creditor Bankruptcy 2. Legal Business Name of New Licensee (individual name if sole proprietorship) 3. New Licensee Phone 4. New Licensee Email 5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form Yes No	12. Premises Phone 13. Premise Email				
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Part B: Transfer from Person-to-Person New Business Information 1. Reason for license transfer (check one)	970-318-4269 hellers cellar eyahoo . Com				
Part B: Transfer from Person-to-Person New Business Information 1. Reason for license transfer (check one)		•			
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3. New Licensee Phone 4. New Licensee Email 5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form	, ,	eclosure	t to Creditor	☐ Bankruptcy	
5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form	2. Legal Business Name of New Licensee (individual name if sol	e proprietorship)			
5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form					
	3. New Licensee Phone 4. New Licensee Email				
6. Has the new licensee completed AB-200? Submit a completed Form AB-200 with this form	5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form				

Part C: Transfer from Place-to-Place New Premises	Information		
1. New Premises Address			
301 East Main			
2. City	3. State 4. Zip Code 53904		
5. New Premises Phone 6. Premise Email	/		
920-318-4269 hellerscellar & yo	shoo.com		
7. New Premises Description - Describe the building or buildings an consumed, and where records are kept. Describe all rooms within may occur only on the premises described in this application. Attack	d any outside areas where alcohol beverages are produced, sold, stored, or the building, including living quarters. Authorized alcohol beverage activities th a map or diagram and additional sheets if necessary.		
bar, hall, Basemont, Lique	or room kitchen area		
down stair cooler			
,			
Part D: Attestation			
One of the following must sign and attest to this application:			
sole proprietor one general partner of a partner	ship • 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 or permit. 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 F	irst Name M.I.		
Tile	Jerry K.		
Title Email	Phone 920-318-4269 Date 3-5-25		
Signature 1/1	1) CE 11/1/10 401/10 1 (6 m 170) 18 9 269		
	7-5-25		
All I	3 / "/		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number		
03-05-2025	53		
Date License Granted	Date License Issued		
Signature of Clerk/Deputy Clerk	10-4-		
- Signature of Oloriv Deputy Oloriv	Date		