## Form AB-200

## Alcohol Beverage License Application

| For Municipal Use Only  |   |
|-------------------------|---|
| Municipality Water lzun |   |
| License Period          | , |

| ,   |   |   |   |                                     |                  |              |
|---|---|---|---|-------------------------------------|------------------|--------------|
| License(s) Requested: (up to two boxes may be checked)  |   |   | Fees  |                                     |                  |              |
| ☐ Class "A" Beer \$   | Class "B" Beer \$   | 1.56                                    | License Fe  | ees                                 | \$475-           | E 2          |
| ☐ "Class A" Liquor \$   | (Class B" Liquor \$   | 37.54                                   | Backgrour   | nd Check Fee                        | \$7.00           |              |
| Class A" Liquor (cider only) \$ [   | Reserve "Class B" Liquor \$   |   | Publication                                       | n Fee                               | \$300.0          | 0            |
| Class C" Liquor (wine only) \$  |   |   | Total Fees  | 3                                   | \$ 782-          |              |
| Part A: Premises/Business Informatio  | n   |   |   |                                     |                  |              |
| 1. Legal Business Name (individual name if sole pro   | The Market Market Market Market 1974 And St. 1875 And Sec. 19   |   | <u></u>   |                                     |                  |              |
| 2. Business Trade Name or DBA   | ater town   |   |   |                                     |                  |              |
| 3. FEN 39-320803  | 4. Wisconsin 456-   | Seller's Pe                             | rmit Number                                       | 085                                 | 7-04             | 1            |
| 5. Entity Type (check one)  Sole Proprietor Partnership   | Limited Liability Company   | □ Co                                    | orporation  | ☐ Nonpro                            | fit Organizatio  | n            |
| 6. State of Organization  | 7. Date of Organization 7-15-25   |   | 8. Wisconsi                                       | n DFI Registrati                    | on Number        |              |
| 9. Premises Address<br>1601 East Gate   | dr.   |   |   | ,                                   |                  |              |
| 10. City Watertown  |   |   | 11. State   | 12. Zip Code 5 3 0                  | 94               |              |
| 13. County Jefferson  | 14. Governing Municipality: City of:  | ☐ Town                                  |   | 3                                   |                  |              |
| 16. Premises Phone<br>920-342-9543  | Jamie Silvery   | noon                                    | 18. We  | bsite Silve                         | MOON             | was          |
| 19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. | buildings where alcohol beverages ar<br>including living quarters. Authorized a<br>on. Attach a map or diagram and additi | e produced<br>Icohol beve<br>onal sheet | d, sold, store<br>erage activiti<br>s if necessar | d, or consumed,<br>es and storage o | of records may o | ords<br>ccur |
| large building with   | th two main   | 1800                                    | ms, b   | athroo                              | ms, s            | _            |
| K. Felun. Bor booms   | will have se  | It S                                    | erre  | tapso                               | Small 1          | 90Y          |
| 20. Mailing Address (if different from premises address   | ess)  |   |   | one · ce                            |                  |              |
| 21. City  |   |   | 22. State   | 23. Zip Code                        |                  |              |
| Part B: Questions   |   |   |   |                                     |                  |              |
| Has the business (sole proprietorship, partr violating federal or state laws or local ordin   | nership, limited liability company, c<br>ances? Exclude traffic offenses un   | or corpora<br>less relat                | ation) been<br>ed to alcoh                        | convicted of ol beverages.          | ☐ Yes 🔀          | No           |
| If yes, list the details of violation below. Atta   |   |   |   |                                     |                  |              |
| Law/Ordinance Violated  | Location  |   | T   | rial Date                           |                  |              |
| Penalty Imposed   |   | Was ser                                 | ntence com  | pleted?                             | Yes              | ] No         |
| Law/Ordinance Violated  | Location  |   | Т   | rial Date                           |                  |              |
| Penalty Imposed   |   | Was ser                                 | ntence com  | pleted?                             | Yes              | ] No         |
|   |   |   |   |                                     |                  |              |

+ 1000 Sq. ft of patio space per conditional use permit.

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is to

| Are charges for any offenses pending a beverages.   | gainst the business   | ? Exclude traffic off   | enses unless relate  | d to alcohol   | Yes No  |
|---|---|---|--|--|---|
| If yes, describe the nature and status o  | f pending charges ι   | using the space belo  | ow. Attach additiona   | I sheets as needed   | d.  |
| le se   |   |   |  |  |   |
| . 5. 2.   |   |   |  |  | 2   |
| Is the applicant business or any of its of individuals or entities a restricted investif yes, provide the name of the restricted.   | stor with any interes   | st in an alcohol bev  | erage producer or o  | or other related<br>distributor?   | Yes 🕍 No  |
| 4. Is the applicant business owned by and   | other business entity   | y?  | **********   |  | Yes No  |
| If yes, provide the name(s) and FEIN(s  | ) of the business er  |   |  | eets as needed.  | /\  |
| 4a. Name of Business Entity   |   | 4b. Business E  | Entity FEIN  |  |   |
|   |   |   |  |  |   |
| 5. Have the partners, agent, or sole propr this license period? Submit proof of cor   |   |   |  |  | rYes □ No   |
| 6. Is the applicant business indebted to a  | 1.91  |   |  |  |   |
| 7. Does the applicant business owe past   |   |   |  |  |   |
| Part C: Individual Information  |   |   |  |  |   |
| List the name, title, and phone number for each   | nerson or entity hold   | ing the following positi  | ons in the applicant by  | usiness or husinesse   | es listed in Part B   |
| Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa  | s, and agent of a corp  | oration or nonprofit or   | ganization, all partners   | s of a partnership, ar   | nd all members,   |
| Include Form AB-100 for each person listed be   | low. Corporations and   | d LLCs must appoint a   | n agent by including F   | orm AB-101.  |   |
| Last Name   | First Name  | T   | itle   | Phone  | 12 05 113   |
| Reich   | Samie   |   | (E0  | 9203   | 42 9543   |
| Koeper  | Craig   | /   | Namaging,  | Member 260   | 2-378-6   |
| Koeper  | L: 300  |   | Member   | 262-   | 751-5290  |
| Koeper  | Rachel  |   | Member   | 920-20   | 13-1005   |
| Part D: Attestation   | 1 7 3 5.0010  |   | 710. 12.   | 10001  | -   |
| One of the following must sign and attest   | to this application:  |   |  | The state of the s |   |
|   | I partner of a partne   | ership • one o  | corporate officer  | • one member   | of an LLC   |
| READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that a understand that I may be prosecuted for submingly provides materially false information on the | usiness and not on be<br>ense(s), if granted, wi<br>to, purchasing alcoho<br>aspection will be deen<br>ny license issued con<br>itting false statements | chalf of any other indivall not be assigned to a be beverages from state and a refusal to allow a refusal to allow a refusal to allow a sand affidavits in confider required to forfeit not a refusal to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a refusal affidavits in confider required to forfeit not a required | vidual or entity seeking<br>inother individual or e<br>te authorized wholesa<br>inspection. Such refus<br>apter 125 shall be voi<br>nection with this applic | g the license. Furthe<br>ntity. I agree to ope<br>alers. I understand the<br>sal is a misdemeand<br>id under penalty of section, and that any p  | er, I agree that the rate this business hat lack of access or and grounds for state law. I further person who know- |
| Last Name   |   | First Name  |  |  | M.I.  |
| Keich   | Te  | Ja  | mie  | Dhana  |   |
| Title C 6 0   | Email   | ie @ Silver   | moonwatert   | Phone 970-   | -342-954  |
| Signature Reich   |   |   | Date 6- 24   | 4-25   |   |
| Part : For Clerk Use Only   |   |   |  |  |   |
| M. 1  | se Number   |   | Date License Gra   | nted Date Lice   | ense Issued   |
| Signature of Clerk/Deputy Clerk   |   |   | Date Pro   | ovisional License Issu   | ued (if applicable)   |
| AB-200 (N. 03-24)   |   | - 2 -   | Ma   |  |   |

Koeper Ballard Ballard

David Robert Elizabeth

Member Member Member

920 915 3530 920 915 3528

920 213 0963

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