

## Temporary Alcohol Beverage License

Municipality  
WATERTOWN

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

☒ Temporary "Class B" Wine☒ Temporary Class "B" Beer

## Part A: Organization Information

1. Organization Name American Legion Pitterle-Beaudoin Post 189		
2. Organization Permanent Address 206 S. First St., PO Box 22		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0784079	8. Date of Organization/Incorporation 10/10/19	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 253-7373	11. Email rogsan815@att.net	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input checked="" type="checkbox"/> Veteran's Organization <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) 456-1030347772-02		

## Part B: Individual Information

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

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

Last Name	First Name	Title	Phone
Zillmer	Stephen	Commander	(920) 960-9111
Grill	Kirk	Adjutant	(920) 285-9214
Herbert	Roger	Finance Officer	(920) 253-7373

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) July 4th Celebration			
2. Dates of Operation July 3 and July 4, 2024		3. Hours of Operation 8am-11pm	
4. Premises Address Riverside Park			
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)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website		14. Event Website	
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. Entire Riverside Park, including, but not limited to, Upper Pavilion, Celebration Shelter, Island (for fireworks).			

**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 Herbert		First Name Roger		M.I. W
Title Finance Officer	Email rogsan815@att.net		Phone (920) 253-7373	
Signature <i>Roger W. Herbert</i>			Date 5/7/24	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 05/07/2024	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	