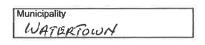
AB-220

Temporary Alcohol Beverage License



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 Informa	tion							
1. Organization Name								
American Legion Pitt	erle-	Beaudoin Post 189						
2. Organization Permanent Address								
206 S. First St., PC	Box	22						
3. City			4. State	5. Zip Coo				
Watertown				WI	5309	4		
6. Mailing Address (if different from permanent address)								
7. FEIN	8. Date of Organization/Incorporation			9. State of Organization/Incorporation				
39-0784079		10/10/19	Wisconsin					
10. Phone	one 11. Email							
(920) 253-7373 rogsan815@att.net								
12. Organization type (check one)								
☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☑ Veteran'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) 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 Na	ame	Title		Phone			
Zillmer	Steph	en	Commander		(920)	960-9111		
Grill	Kirk		Adjutant		(920)	285-9214		
Herbert	Roger		Finance Off	ficer	(920)	253-7373		

 $Continued \rightarrow$

Part C: Event Information								
Name of Event (if applicable)								
July 4th Celebration								
	3. Hours of Operation							
2. Dates of Operation			8am-11pm					
July 3 and July 4, 2024		8am-11pm						
4. Premises Address								
Riverside Park			To out	7 7: Oada				
5. City			6. State	7. Zip Code				
Watertown			WI	53094				
	9. Governing Municipality City Town Village 10. Aldermanic District							
Jefferson	of: Watertown							
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 buildi								
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		First Name			M.I.			
Herbert		Roger			W			
Title	Email		7	Phone				
Finance Officer	rogsa	n815@att.net		(920) 25	3-7373			
Signature Roger W. Herbert 5/7/24								
Part E: For Clerk Use Only								
Date Application Was Filed With Clerk		License Number	License Number					
Date License Granted		Date License Issued	Date License Issued					
Signature of Clerk/Deputy Clerk								