Form
AB-220

Temporary Alcohol Beverage License

Municipality: C. Watertown

License(s) Requested		Fees	
☑ Temporary "Class B" Wine	☑ Temporary Class "B" Beer	License Fees	$ 10-
		Background Check	$ 21-
		Total Fees	$ 31-

Part A: Organization Information

1. Organization Name: Rotary Club of Watertown

2. Organization Permanent Address: Po Box 34

3. City	4. State	5. Zip Code
Watertown	WI	53094

6. Mailing Address (if different from permanent address)

7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
39-0689450	12/31/1923	WI

10. Phone	11. Email
920-988-7752	linden@watertownchamber.com

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? ..... ☐ Yes ☑ 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
Josh	Patterson	President	(920) 285-2052
David	Lang	Secretary	(920) 262-6300
Josh (Joel)	Macht	Treasurer	(920) 988-7452

Continued →

Part C: Event Information

1. Name of Event (if applicable): YMCA Auction

2. Dates of Operation: 11/7/2025

3. Hours of Operation: 4:30 - 10pm

4. Premises Address: 415 S Eighth St.

5. City: Watertown

6. State: WI

7. Zip Code: 53094

8. County: Jefferson

9. Governing Municipality: ☑ City ☐ Town ☐ 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: 920-262-8555

13. Organizer Website: slcymca.org

14. Event Website: slcymca.org

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.

Auction at YMCA for members, raising money.
Rotary to serve to attendees

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.
Josh Macht	Josh	M

Title	Email	Phone
TREASURER	josh@scwappraisals.com	920-988-7452

Signature	Date
[signature]	7-7-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
09-08-25	2025-042
Date License Granted	**Date License Issued**
10-14-25	10-15-25
Signature of Clerk/Deputy Clerk	
SR-deputy	