

## Temporary Alcohol Beverage License

License(s) Requested	Fees
<input checked="" type="checkbox"/> Temporary "Class B" Wine	License Fees \$ 10.-
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check \$ 14.-
	Total Fees \$ 24.- Pd

Part A: Organization Information				
1. Organization Name Luther Prep School Booster Club				
2. Organization Permanent Address 1300 Western Ave				
3. City Wauwatosa		4. State WI	5. Zip Code 53094	
6. Mailing Address (if different from permanent address)				
7. FEIN		8. Date of Organization/Incorporation		9. State of Organization/Incorporation
10. Phone		11. Email bouldese@lps.wis.net		
12. Organization type (check one)				
<input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization				
<input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> 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
Bessert	Nicole	President	920-262-8106
Boulden	Sue	Vice President	920-262-8104

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Lives Prepared - A Gift of Talents			
2. Dates of Operation Sat. March 29, 2025		3. Hours of Operation 5pm - Midnight	
4. Premises Address 1300 Western Ave Gym Building			
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) Dom Wrobel		12. Email and/or Phone Number for Organizer of Event wrobel@lps.wels.net	
13. Organizer Website lps.wels.net		14. Event Website lps.wels.net/app/pages/livesprepared-event	
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. All beverages will be kept in our Gym building, Initially stored in locked closets until the day before event. At that time they will be locked in our gym until event begins on March 20 at 5pm.			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 BESSERT		First Name NICOLE	
M.I. J			
Title President, Boosters		Email BESSERNT@LPS.WELS.NET	
Phone <del>920-262-8106</del>		Signature 	
Date 1/28/2025			

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 1/30/25	License Number 2025-004
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	