

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

**Part A: Organization Information**

1. Organization Name  
Watertown Rotary Club

2. Organization Permanent Address  
PO Box 34

3. City  
Watertown

4. State  
WI

5. Zip Code  
53094

6. Mailing Address (if different from permanent address)

7. FEIN  
39-0689480

8. Date of Organization/Incorporation  
1900

9. State of Organization/Incorporation  
WI

10. Phone

11. Email  
Rotaryclubwatertownwi@gmail.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
Bauer	Chelsea	President	608-246-6022
Lang	Davia	Secretary	920-262-2055
Macht	Joel	Treasurer	920-988-7452
Pracey	Lindien	414-363-2079 ← President-Elect	

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Concerts on Main at Town Square			
2. Dates of Operation June 20th, 2026		3. Hours of Operation 5-10pm	
4. Premises Address <del>100 S. Water St.</del> 1 W. Main street (Town Square)			
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 7
11. Organizer of Event (if not the named applicant) Watertown Main Street		12. Email and/or Phone Number for Organizer of Event watertownmainstreet@gmail.com	
13. Organizer Website watertownmainstreet.com		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.  Serve Beer at Concerts on Main event. *follow all Town Square emergency plans			

<b>Part D: Attestation</b>			
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 Deacy		First Name Linden	M.I. M
Title President-Elect		Email lindene.watertown@chamber.com	Phone 920-261-6360
Signature 		Date 5/7/26	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 4-22-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	