

Temporary Alcohol Beverage License

Municipality

C. Watertown

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ 7.00
	Total Fees	\$ 17.00

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11/21

Part A: Organization Information		
1. Organization Name St. Henry Church		
2. Organization Permanent Address 412 N. 4th Street		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 114 S. Church St. Watertown, WI 53094		
7. FEIN 39-0844646	8. Date of Organization/Incorporation 01/01/54	9. State of Organization/Incorporation WI
10. Phone (920) 261-7273	11. Email jwolf@watertowncatholic.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input checked="" type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input 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 type="checkbox"/> Yes <input checked="" 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
Renz	Fr. Tim	Pastor	(920) 261-7273

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Part C: Event Information			
1. Name of Event (if applicable) Casino Night			
2. Dates of Operation 1/17/2026		3. Hours of Operation 6:00pm - 10:00pm	
4. Premises Address 300 E Cady Street			
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) Ashley Tracy		12. Email and/or Phone Number for Organizer of Event 920-253-5828	
13. Organizer Website www.watertowncatholic.org		14. Event Website www.watertowncatholic.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. We are hosting a fundraising event in our school gymnasium.			

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 Renz		First Name TIM	
M.I. J			
Title Pastor	Email fr. timrenz@gmail.com	Phone (608) 408-7445	
Signature Fr. Tim Renz		Date 1/11/25	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	