

6th Annual Whiskey and Wine Walk

Hosted by Watertown Area Chamber of Commerce and Watertown Main Street Program

April 25th, 2026 1-4:30pm

| Locations | | | |
|------------------|-----------------------------|--------------------------|------------------------------|
| <u>Location</u> | <u>Business Name</u> | <u>Contact</u> | <u>Address</u> |
| <u>1</u> | Bex Third Base | Rebecca | 200 S 3rd Street |
| <u>2</u> | Bradow Jewelers | Susanne Bradow | 217 E Main Street |
| <u>3</u> | Brown's Shoes | Anthony LeMaster | 212 E Main Street |
| <u>4</u> | Draeger's Floral | Annie Bare & Linda Ebert | 616 E. Main Street |
| <u>5</u> | Local Waters | Karah Pugh | 109 S. 3rd Street |
| 6 | Lyon's Irish Pub | Carol Bohlman | 201 E Main Street |
| <u>7</u> | Pine Hill Farm | Leanne Anton | 200 W Main Street |
| 8 | Sassy Sweets | Amber Yelk | 116 W Main Street |
| 9 | The Basket Bar | Jessica Christensen | 111 E Main Street |
| <u>10</u> | The Chic Boutique | Amber Smith | 113 E Main Street |
| 10 | The Drafty Cellar | Josh Mueller/Alex Savath | 110 S 3 rd Street |
| 11 | The RIFF Dive Bar | Jamie Ellis | 215 S 3 rd Street |
| 12 | The Score | Jamie Ellis | 300 N 4 th Street |
| 13 | Uptown Bar & Grill | Nicole Smith | 416 E Main Street |
| <u>14</u> | White Oak Builders | Dan and Maggie Wegner | 14 E Main Street |
| <u>15</u> | Wisconsin 26 Mercantile | Desirae Greco | 117 S 3rd Street |
| 16 | Wolfgram Sports Bar & Grill | Jerry Heller | 301 E Main Street |

Red font denotes retail locations and black font denotes bar establishments.

** The Chic Boutique & Pine Hill Farm have licenses of their own.

Prepackaged food will be available along the walk at retail locations. Bars that serve food will offer special food options for purchase.

Temporary Alcohol Beverage License

Municipality
C. Watertown

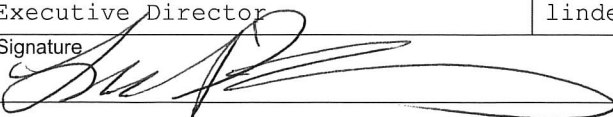
| License(s) Requested | Fees | |
|----------------------|--|--------------|
| | <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees |
| Background Check | | \$ |
| Total Fees | | \$ |

| | | |
|---|---|---|
| Part A: Organization Information | | |
| 1. Organization Name Watertown Area Chamber of Commerce | | |
| 2. Organization Permanent Address 519 E Main St | | |
| 3. City Watertown | 4. State WI | 5. Zip Code 53094 |
| 6. Mailing Address (if different from permanent address) | | |
| 7. FEIN 39-0689225 | 8. Date of Organization/Incorporation 08/20/1920 | 9. State of Organization/Incorporation Wisconsin |
| 10. Phone 920-261-6320 | 11. Email linden@watertownchamber.com | |
| 12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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 |
| Wagner | Cassandra | Board Chair | (920) 988-7517 |
| Van Ert | Bridget | Vice Chair | (262) 434-0027 |
| Lanser | Karen | Secretary | (920) 988-8294 |
| Heinzelman | Sharon | Treasurer | (262) 844-3369 |
| Peacy | Linden | Executive Director | (414) 303-2079 |

Continued →

| Part C: Event Information | | | |
|--|--|---|------------------------------|
| 1. Name of Event (if applicable) 6th Annual Whiskey and Wine Walk | | | |
| 2. Dates of Operation 4/25/26 | | 3. Hours of Operation 1-4:30pm | |
| 4. Premises Address 217 E Main Street (Bradaw Jewlers) | | | |
| 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 Area Chamber of Commerce | | 12. Email and/or Phone Number for Organizer of Event linden@watertownchamber.com | |
| 13. Organizer Website watertownchamber.com | | 14. Event Website Watertownchamber.com/whiskey-wine | |
| 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. Retail sales floor, 1st floor inside only | | | |

| 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 Peacy | | First Name Linden | |
| M.I. | | | |
| Title Executive Director | | Email linden@watertownchamber.com | |
| Phone (920) 261-6320 | | | |
| Signature  | | Date 2/17/26 | |

| Part E: For Clerk Use Only | |
|--|---------------------|
| Date Application Was Filed With Clerk 2/19/26 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |


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

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| 6. Mailing Address (if different from permanent address) | | |
| 7. FEIN 39-0689225 | 8. Date of Organization/Incorporation 08/20/1920 | 9. State of Organization/Incorporation Wisconsin |
| 10. Phone 920-261-6320 | 11. Email linden@watertownchamber.com | |
| 12. Organization type (<i>check one</i>) | | |
| <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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 |
| Wagner | Cassandra | Board Chair | (920) 988-7517 |
| Van Ert | Bridget | Vice Chair | (262) 434-0027 |
| Lanser | Karen | Secretary | (920) 988-8294 |
| Heinzelman | Sharon | Treasurer | (262) 844-3369 |
| Peacy | Linden | Executive Director | (414) 303-2079 |

Continued →

| Part C: Event Information | | | |
|--|--|---|------------------------------|
| 1. Name of Event (if applicable) 6th Annual Whiskey and Wine Walk | | | |
| 2. Dates of Operation 4/25/26 | | 3. Hours of Operation 1-4:30pm | |
| 4. Premises Address 212 E Main Street (Brown's Shoe Co.) | | | |
| 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 Area Chamber of Commerce | | 12. Email and/or Phone Number for Organizer of Event linden@watertownchamber.com | |
| 13. Organizer Website watertownchamber.com | | 14. Event Website Watertownchamber.com/whiskey-wine | |
| 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. Retail sales floor, 1st floor inside only | | | |

| Part D: Attestation | | |
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| Who must sign this application? • one officer or director of the nonprofit organization | | |
| <p>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.</p> | | |
| Last Name Peacy | First Name Linden | M.I. |
| Title Executive Director | Email linden@watertownchamber.com | Phone (920) 261-6320 |
| Signature  | | Date 2/17/26 |

| Part E: For Clerk Use Only | |
|--|---------------------|
| Date Application Was Filed With Clerk 2/19/26 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
C. Watertown


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

| Part A: Organization Information | | |
|---|---|---|
| 1. Organization Name Watertown Area Chamber of Commerce | | |
| 2. Organization Permanent Address 519 E Main St | | |
| 3. City Watertown | 4. State WI | 5. Zip Code 53094 |
| 6. Mailing Address (if different from permanent address) | | |
| 7. FEIN 39-0689225 | 8. Date of Organization/Incorporation 08/20/1920 | 9. State of Organization/Incorporation Wisconsin |
| 10. Phone 920-261-6320 | 11. Email linden@watertownchamber.com | |
| 12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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 | | | |
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| 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 |
| Wagner | Cassandra | Board Chair | (920) 988-7517 |
| Van Ert | Bridget | Vice Chair | (262) 434-0027 |
| Lanser | Karen | Secretary | (920) 988-8294 |
| Heinzelman | Sharon | Treasurer | (262) 844-3369 |
| Peacy | Linden | Executive Director | (414) 303-2079 |

Continued →

| Part C: Event Information | | | |
|--|--|---|------------------------------|
| 1. Name of Event (if applicable) 6th Annual Whiskey and Wine Walk | | | |
| 2. Dates of Operation 4/25/26 | | 3. Hours of Operation 1-4:30pm | |
| 4. Premises Address 606 E Main Street (Dragers Floral) | | | |
| 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 4 |
| 11. Organizer of Event (if not the named applicant) Watertown Area Chamber of Commerce | | 12. Email and/or Phone Number for Organizer of Event linden@watertownchamber.com | |
| 13. Organizer Website watertownchamber.com | | 14. Event Website Watertownchamber.com/whiskey-wine | |
| 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. Retail sales floor, 1st floor inside only | | | |

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| Last Name Peacy | | First Name Linden | M.I. |
| Title Executive Director | Email linden@watertownchamber.com | | Phone (920) 261-6320 |
| Signature  | | Date 2/17/26 | |

| Part E: For Clerk Use Only | |
|--|---------------------|
| Date Application Was Filed With Clerk 2/19/26 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
C. Watertown

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

Part A: Organization Information

1. Organization Name
Watertown Area Chamber of Commerce

2. Organization Permanent Address
519 E Main St

3. City
Watertown

4. State
WI

5. Zip Code
53094

6. Mailing Address (if different from permanent address)

7. FEIN
39-0689225

8. Date of Organization/Incorporation
08/20/1920

9. State of Organization/Incorporation
Wisconsin

10. Phone
920-261-6320

11. Email
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

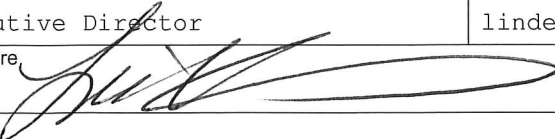
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| Last Name | First Name | Title | Phone |
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| Van Ert | Bridget | Vice Chair | (262) 434-0027 |
| Lanser | Karen | Secretary | (920) 988-8294 |
| Heinzelman | Sharon | Treasurer | (262) 844-3369 |
| Peacy | Linden | Executive Director | (414) 303-2079 |

Continued →

| Part C: Event Information | | | |
|--|--|---|------------------------------|
| 1. Name of Event (if applicable) 6th Annual Whiskey and Wine Walk | | | |
| 2. Dates of Operation 4/25/26 | | 3. Hours of Operation 1-4:30pm | |
| 4. Premises Address 114 W Main Street (Sassy Sweets) | | | |
| 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 Area Chamber of Commerce | | 12. Email and/or Phone Number for Organizer of Event linden@watertownchamber.com | |
| 13. Organizer Website watertownchamber.com | | 14. Event Website Watertownchamber.com/whiskey-wine | |
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| Last Name Peacy | | First Name Linden | M.I. |
| Title Executive Director | Email linden@watertownchamber.com | | Phone (920) 261-6320 |
| Signature  | | Date 2/17/26 | |

| Part E: For Clerk Use Only | |
|--|---------------------|
| Date Application Was Filed With Clerk 2/19/26 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

Municipality
C. Watertown

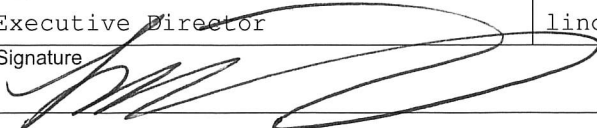
| License(s) Requested | Fees | |
|----------------------|--|--------------|
| | <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees |
| Background Check | | \$ |
| Total Fees | | \$ |

| Part A: Organization Information | | |
|---|---|---|
| 1. Organization Name Watertown Area Chamber of Commerce | | |
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| 13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
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| Part B: Individual Information | | | |
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| Lanser | Karen | Secretary | (920) 988-8294 |
| Heinzelman | Sharon | Treasurer | (262) 844-3369 |
| Peacy | Linden | Executive Director | (414) 303-2079 |

Continued →

| Part C: Event Information | | | |
|--|--|---|------------------------------|
| 1. Name of Event (if applicable) 6th Annual Whiskey and Wine Walk | | | |
| 2. Dates of Operation 4/25/26 | | 3. Hours of Operation 1-4:30pm | |
| 4. Premises Address 111 E Main Street (The Basket Bar) | | | |
| 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 Area Chamber of Commerce | | 12. Email and/or Phone Number for Organizer of Event linden@watertownchamber.com | |
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| Last Name Peacy | First Name Linden | M.I. |
| Title Executive Director | Email linden@watertownchamber.com | Phone (920) 261-6320 |
| Signature  | | Date 2/17/20 |

| Part E: For Clerk Use Only | |
|--|---------------------|
| Date Application Was Filed With Clerk 2/19/20 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| |
|--------------|
| Municipality |
| C. Watertown |

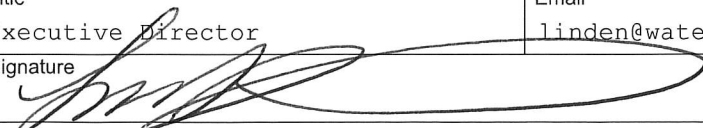
| License(s) Requested | Fees | |
|--|-------------------|-----------|
| <input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer | License Fees | \$ 10.00 |
| | Background Check | \$ |
| | Total Fees | \$ |

| | | |
|--|---|---|
| Part A: Organization Information | | |
| 1. Organization Name Watertown Area Chamber of Commerce | | |
| 2. Organization Permanent Address 519 E Main St | | |
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| 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 |
| Wagner | Cassandra | Board Chair | (920) 988-7517 |
| Van Ert | Bridget | Vice Chair | (262) 434-0027 |
| Lanser | Karen | Secretary | (920) 988-8294 |
| Heinzelman | Sharon | Treasurer | (262) 844-3369 |
| Peacy | Linden | Executive Director | (414) 303-2079 |

Continued →

| Part C: Event Information | | | |
|--|--|---|------------------------------|
| 1. Name of Event (if applicable) 6th Annual Whiskey and Wine Walk | | | |
| 2. Dates of Operation 4/25/26 | | 3. Hours of Operation 1-4:30pm | |
| 4. Premises Address 14 E Main Street (White Oak Builders) | | | |
| 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 Area Chamber of Commerce | | 12. Email and/or Phone Number for Organizer of Event linden@watertownchamber.com | |
| 13. Organizer Website watertownchamber.com | | 14. Event Website Watertownchamber.com/whiskey-wine | |
| 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. Retail sales floor, 1st floor inside only | | | |

| 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 Peacy | | First Name Linden | M.I. |
| Title Executive Director | Email linden@watertownchamber.com | | Phone (920) 261-6320 |
| Signature  | | Date 2/17/26 | |

| Part E: For Clerk Use Only | |
|--|---------------------|
| Date Application Was Filed With Clerk 2/19/26 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Temporary Alcohol Beverage License

| |
|--------------|
| Municipality |
| C. Watertown |


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

| | | |
|--|---|---|
| Part A: Organization Information | | |
| 1. Organization Name Watertown Area Chamber of Commerce | | |
| 2. Organization Permanent Address 519 E Main St | | |
| 3. City Watertown | 4. State WI | 5. Zip Code 53094 |
| 6. Mailing Address (if different from permanent address) | | |
| 7. FEIN 39-0689225 | 8. Date of Organization/Incorporation 08/20/1920 | 9. State of Organization/Incorporation Wisconsin |
| 10. Phone 920-261-6320 | 11. Email linden@watertownchamber.com | |
| 12. Organization type (<i>check one</i>) | | |
| <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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 |
| Wagner | Cassandra | Board Chair | (920) 988-7517 |
| Van Ert | Bridget | Vice Chair | (262) 434-0027 |
| Lanser | Karen | Secretary | (920) 988-8294 |
| Heinzelman | Sharon | Treasurer | (262) 844-3369 |
| Peacy | Linden | Executive Director | (414) 303-2079 |

Continued →

| Part C: Event Information | | | |
|--|--|---|------------------------------|
| 1. Name of Event (if applicable) 6th Annual Whiskey and Wine Walk | | | |
| 2. Dates of Operation 4/25/26 | | 3. Hours of Operation 1-4:30pm | |
| 4. Premises Address 117 S 3rd Street (Wisconsin 26) | | | |
| 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 Area Chamber of Commerce | | 12. Email and/or Phone Number for Organizer of Event linden@watertownchamber.com | |
| 13. Organizer Website watertownchamber.com | | 14. Event Website Watertownchamber.com/whiskey-wine | |
| 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. Retail sales floor, 1st floor inside only | | | |

| 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 Peacy | | First Name Linden | |
| M.I. | | | |
| Title Executive Director | | Email linden@watertownchamber.com | |
| Phone (920) 261-6320 | | | |
| Signature  | | Date 2/17/26 | |

| Part E: For Clerk Use Only | |
|--|---------------------|
| Date Application Was Filed With Clerk 2/19/26 | License Number |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |

Alcohol Beverage Individual Questionnaire

Date 2/19/20

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

| | |
|--|--|
| Part A: Business Information | |
| 1. Legal Business Name (individual name if sole proprietor) Watertown Area Chamber of Commerce | |
| 2. Business Trade Name or DBA | |
| 3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization | |

| | | | | |
|--|--|---|--|-------------------------------|
| Part B: Individual Information | | | | |
| 1. Last Name Van Ert | | 2. First Name Bridget | | 3. M.I. A |
| 4. Relationship to Business (Title) | | 5. Email bridget@bankoflakemills.com | | 6. Phone (920) 248-1155 |
| 7. Home Address N9142 Donald Ln | | | | |
| 8. City Watertown | | 9. State WI | 10. Zip Code 53094 | 11. Date of Birth 05/24/67 |
| 12. Drivers License/State ID Number V563-0616-7684-02 | | | 13. Drivers License/State ID State of Issuance WI | |

| | | | | | |
|--|-----------|-------|-------------|----------|--------|
| Part C: Address History | | | | | |
| 1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? | | | Years 57 | Months | |
| 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. | | | | | |
| Previous Address 1 | | City | State | Zip Code | |
| Previous Address 2 | | City | State | Zip Code | |
| Previous Address 3 | | City | State | Zip Code | |
| Previous Address 4 | | City | State | Zip Code | |
| Previous Address 5 | | City | State | Zip Code | |
| 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. | | | | | |
| State | County | State | County | State | County |
| WI | Jefferson | | | | |
| State | County | State | County | State | County |
| | | | | | |

Continued →

TOPP
2/19 MD

| Part D: Criminal History | | |
|--|----------|--|
| 1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed. | | |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed. | | |

| Part E: Attestation | |
|--|--------------------|
| READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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. | |
| Signature <i>Bridget Vest</i> | Date 02/10/2024 |