

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 \$ 14.00
		Total Fees \$ 24.00

Part A: Organization Information

1. Organization Name
Luther Prep School Booster Club

2. Organization Permanent Address
1300 Western Ave.

3. City
Watertown

4. State
WI

5. Zip Code
53094

6. Mailing Address (if different from permanent address)

7. FEIN
39-1821445

8. Date of Organization/Incorporation
06/22/1995

9. State of Organization/Incorporation
WI

10. Phone
262-920-262-8104

11. Email
*bigelohj@lps.wels.net

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
Bessert	Nicole	President	(920) 262-8106
Bigelow	Heather	Vice-President	(920) 262-8104

Continued →

TD PD
2/19/26 NF

Part C: Event Information			
1. Name of Event (if applicable) Lives Prepared Gala			
2. Dates of Operation 04/18/2026		3. Hours of Operation 5 pm - 12 am	
4. Premises Address 1300 Western Ave			
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: <u>Watertown</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Dom Wrobel		12. Email and/or Phone Number for Organizer of Event wrobeld@lps.wels.net	
13. Organizer Website lps.wels.net		14. Event Website lps.wels.net/apps/pages/livespreparedeven	
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 they will be stored in locked closets until the day before the event. At that time, they will be locked in our gym until the event begins on April 18th at 5 pm.			

Part D: Attestation		
Who must sign this application? <ul style="list-style-type: none"> • 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 Bessert	First Name Nicole	M.I. J
Title President - Boosters	Email bessernj@lps.wels.net	Phone (920) 262-8106
Signature 		Date 02/03/20

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	

LUTHER PREPARATORY SCHOOL CAMPUS DIRECTORY

