

OCT 23 2024

Municipality
C. Watertown

Form
AB-220

Temporary Alcohol Beverage License

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		\$ 10.00

Part A: Organization Information

1. Organization Name
St. Jude Academy INC

2. Organization Permanent Address
510 Cole St

3. City
Watertown

4. State
WI

5. Zip Code
53094

6. Mailing Address (if different from permanent address)
307 Henry Ct. Waterloo, WI 53594

7. FEIN
88-2806195

8. Date of Organization/Incorporation
5/20/2022

9. State of Organization/Incorporation
Wisconsin

10. Phone
608.215.3517

11. Email
jgetz.stjudeacademy@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
<i>Coetz</i>	<i>Jennifer</i>	<i>President</i>	<i>608.215.3517</i>
<i>Coetz</i>	<i>Mark</i>	<i>Secretary</i>	<i>608.669.3665</i>

Continued →

Part C: Event Information


1. Name of Event (if applicable) <i>St. Jude Academy Benefit Event</i>			
2. Dates of Operation <i>12/10/2024</i>		3. Hours of Operation <i>6pm - 9pm</i>	
4. Premises Address <i>510 Cole St</i>			
5. City <i>Watertown</i>		6. State <i>WI</i>	7. Zip Code <i>53094</i>
8. County <i>Jefferson</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Watertown</i>		10. Aldermanic District <i>15</i>
11. Organizer of Event (if not the named applicant) <i>Jennifer Coetz</i>		12. Email and/or Phone Number for Organizer of Event <i>jcoetz.stjudeacademy@gmail.com 608.215.3517</i>	
13. Organizer Website <i>www.stjudeacademy.info</i>		14. Event Website <i>n/a</i>	
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. <i>The Bohnsack Hall of Watertown Moravian Church is located in the lower level (1st level) of the west end of the entire structure. The Church portion of the building is on the east end. All wine will be consumed within the Bohnsack Hall. The 2nd level of the building contains offices related to Watertown Moravian Church. The 3rd level is used by St. Jude Academy for classrooms & by Watertown Moravian Church for some storage. There is an attached upper room above the church that is used for Religious Ed. or meetings. All wine will be stored in Bohnsack kitchen or the main church kitchen.</i>			

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 <i>Coetz</i>		First Name <i>Jennifer</i>		M.I. <i>L</i>
Title <i>President</i>	Email <i>jcoetz.stjudeacademy@gmail.com</i>		Phone <i>608.215.3517</i>	
Signature 			Date <i>10/23/24</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>10/23/2024</i>	License Number <i>2024-057</i>
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	