

Temporary Alcohol Beverage License

Municipality
C. Watertown

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$ 14.00 (2)
Total Fees		\$ 24.00

Part A: Organization Information

1. Organization Name
Watertown Main St. Program

2. Organization Permanent Address
519 West Main Street

3. City
Watertown

4. State
WI

5. Zip Code
53094

6. Mailing Address (if different from permanent address)

7. FEIN
39-2008095

8. Date of Organization/Incorporation
January 2000

9. State of Organization/Incorporation
WI

10. Phone
(920) 342-3623

11. Email
Watertown Main Street@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
Clifford	Kevin	VP	(920) 248-6944
Korz	Brian	President Treasurer	(920) 392-1191
Budewitz	Sandra	Treasurer	920-988-4352
Broere	Stefanie	Executive Director	920 342 3623

Continued →

July

Part C: Event Information			
1. Name of Event (if applicable) SUMMER Concert Series			
2. Dates of Operation July 19-2026 - Sept 12 2026		3. Hours of Operation 12:00 - 3:30 PM	
4. Premises Address West Main Street			
5. City Watertown		6. State VT	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)		12. Email and/or Phone Number for Organizer of Event 920-392-1191	
13. Organizer Website Watertown Main St Program		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. Town Square premises only - Auxillary officers present To keep alcohol from leaving the park			

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 Korz		First Name Brian	M.I.
Title Treasurer	Email bkonz@oswaldkonz.com		Phone 920-392-1191
Signature [Signature]		Date 5/14/2024	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 5-18-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	