

# Alcohol Beverage License Application

For Municipal Use Only
Municipality <u>C. Watertown</u>
License Period

**Application Type** (check one)

Initial (New)                       Renewal

<b>License(s) Requested:</b> (up to two boxes may be checked)	<b>Fees</b>
<input checked="" type="checkbox"/> Class "A" Beer ..... \$ <u>600</u>	License Fee(s) \$ <u>600</u> <del>2000</del>
<input checked="" type="checkbox"/> Class "B" Beer ..... \$ <u>100</u>	Background Check Fee \$ <u>7.00</u> pd
<input type="checkbox"/> "Class A" Liquor ..... \$ _____	Publication Fee \$ <u>50.00</u> <del>75</del> pd
<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>500</u>	<b>Total Fees</b> \$ <u>657.00</u> <del>2475</del>
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	
<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	
<input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ <u>100</u>	
<input type="checkbox"/> Above-Quota "Class B" Liquor ..... \$ _____	

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship)  
Wttn Med. Ctr LLC--dba Harvest Market

2. Business Trade Name or DBA  
Harvest Market

3. FEIN  
47-3937421

4. Wisconsin Seller's Permit Number  
456-1028954854-02

5. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? .....  Yes     No  
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization  
WI

8. Date of Organization  
04/30/2015

9. Wisconsin DFI Registration Number  
W064546

10. Premises Address  
125 Hospital Drive

11. City  
Watertown

12. State  
WI

13. Zip Code  
530698

14. County

15. Governing Municipality:  City     Town     Village  
of: Watertown

16. Aldermanic District

17. Premises Phone  
(920) 262-4649

18. Premises Email  
cjilek@watertownregional.com

19. Website  
watertownregional.com

20. Premises Description  
**Initial (New Applicants Only):** Describe the building or buildings where alcohol beverages are produced, 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.  
**Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.   
- Sold: when applicable in Harvest Cafeteria - Consumed: In harvest market cafeteria  
- Stored: upper level walkin cooler in kitchen of the harvest Market - Records stored electronically

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

**Part B: Questions**

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.  Yes     No  
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages.  Yes  No  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler?  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion.  Yes  No  
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?  Yes  No  
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees?  Yes  No

**Part C: Individual Information**

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.


I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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 Jilek	First Name Charles	M.I. K
Title Director	Email cjilek@watertownregional.com	Phone (920) 262-4649
Signature 		Date 5/11/26

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 5-11-26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	