

Form  
AB-200

# Alcohol Beverage License Application

| For Municipal Use Only |                      |
|------------------------|----------------------|
| Municipality           | C. Watertown         |
| License Period         | 7/1/2024 - 6/30/2027 |

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer ..... \$ \_\_\_\_\_      Class "B" Beer ..... \$ ~~15~~  
 "Class A" Liquor ..... \$ \_\_\_\_\_      "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_      Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

| Fees                 |               |
|----------------------|---------------|
| License Fees         | \$ 600        |
| Background Check Fee | \$ 14         |
| Publication Fee      | \$ 50         |
| <b>Total Fees</b>    | <b>\$ 664</b> |

### Part A: Premises/Business Information

|  |  |   |  |
|--|--|---|--|
| 1. Legal Business Name (individual name if sole proprietorship)<br><b>Divots LLC</b>   |  |   |  |
| 2. Business Trade Name or DBA<br><b>Divots Golf Bar</b>  |  |   |  |
| 3. FEIN<br><b>39-4499627</b>   |  | 4. Wisconsin Seller's Permit Number<br><b>456-1032535/68-02</b>   |  |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization   |  |   |  |
| 6. State of Organization<br><b>WI</b>  |  | 7. Date of Organization<br><b>09-22-2025</b>  | 8. Wisconsin DFI Registration Number<br><b>D083771</b> |
| 9. Premises Address<br><b>644 S. Church St. @ Watertown Square</b>   |  |   |  |
| 10. City<br><b>Watertown</b>   |  | 11. State<br><b>WI</b>  | 12. Zip Code<br><b>53094</b>                           |
| 13. County<br><b>Jefferson</b>   |  | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village<br>of: <b>Watertown</b> | 15. Aldermanic District<br><b>8</b>                    |
| 16. Premises Phone<br><b>262-232-5665</b>  |  | 17. Premises Email<br><b>divotsgolfbar@gmail.com</b>  | 18. Website  |
| 19. Premises Description - 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.<br><del>Divots Golf Bar will sell (beer, wine, liquor). The 6,000 sqft space will have a bar, kitchen, (2) restrooms, game room, janitor's closet, utility closet, and a storage room. Alcohol will be stored in a cold storage area in the kitchen, and in coolers @ the bar. The space will have (5) Sims &amp; (5) gaming machines.</del> |  |   |  |
| 20. Mailing Address (if different from premises address)<br><b>1396 Lakeridge Dr</b><br><i>Alcohol will be consumed at the bar + dining area. Records will be stored in the back office on site.</i>   |  |   |  |
| 21. City<br><b>Oconomowoc</b>  |  | 22. State<br><b>WI</b>  | 23. Zip Code<br><b>53066</b>                           |

### 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 . . .  Yes  No beverages.  
 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 distributor? . . .  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

|                             |                          |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

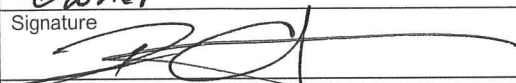
| Last Name | First Name | Title | Phone        |
|-----------|------------|-------|--------------|
| Elertson  | Richard    | Owner | 262-232-5665 |
| Elertson  | Julie      | Owner | 793-791-6120 |
|           |            |       |              |
|           |            |       |              |

**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<br><i>Elertson</i>   | First Name<br><i>Richard</i>            | M.I.<br><i>A</i>             |
| Title<br><i>Owner</i>  | Email<br><i>divotsgolfbar@gmail.com</i> | Phone<br><i>262-232-5665</i> |
| Signature<br> | Date<br><i>04/28/2024</i>               |                              |

**Part E: For Clerk Use Only**

|  |                |   |                     |
|--|----------------|---|---------------------|
| Date Application Was Filed With Clerk<br><i>5-7-26</i> | License Number | Date License Granted                            | Date License Issued |
| Signature of Clerk/Deputy Clerk                        |                | Date Provisional License Issued (if applicable) |                     |