

Form
AB-220

Temporary Alcohol Beverage License

Municipality
City of Watertown

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary Class "B" Wine	License Fees	\$ 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name Jefferson County Tavern League Foundation		
2. Organization Permanent Address 216 N Watertown St.		
3. City Johnson Creek	4. State WI	5. Zip Code 53038
6. Mailing Address (if different from permanent address)		
7. FEIN 45-3546725	8. Date of Organization/Incorporation 6/20/2011	9. State of Organization/Incorporation WI
10. Phone 920-390-0548	11. Email jkproff@charter.net	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

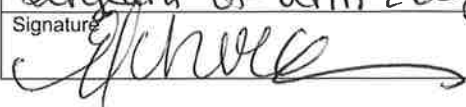
Part B: Individual Information

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
Bakken	Brad	President	608-977-4144
Vesper	PI	Vice president	920-723-4595
Straube	Jonelle	Secretary	262-210-3792
Proffitt	Kathy	Treasurer	920-390-0548
Carlin	Dave	3yr Trustees	920-810-5203
Rebollar	Jose	2yr Trustees	414-234-1111
MacArthur	Karen	1yr Trustee	920-285-2072
Palm	Ann	Director	920-988-8929
Pugh	Karah	Director	920-342-8057
Schroeder	Erin	Sergeant of Arms	920-342-9115

Continued →

Part C: Event Information				
1. Name of Event (if applicable) Sounds of Summer Concert Series				
2. Dates of Operation 6/15/24			3. Hours of Operation (1 hour prior and 1 hour after) 4pm - 10pm	
4. Premises Address Bentley Family Town Square, 1 W Main Street				
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: Watertown		
10. Aldermanic District 7				
11. Organizer of Event (if not the named applicant) Steph. Juhl			12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website sjuhl@watertownwi.gov			14. Event Website watertownwi.gov/departments/parkrecreation-forestry	
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. a trailer will be provided by Franks Beer on 6/14/24. It will hold all of the beer, seltzers and NA products we will provide. The trailer will be moved to BFTS on 6/15/24 around 4pm for the event starting at 5pm. @10pm after the event the trailer will be moved back to 700 N. 4th & private parking lot with security cameras. ON Monday 6/17/24 Franks Beer will pick up the trailer and any unsold items and up-opened items from Run-Inn Erin's parking lot. Goods will be consumed at BFTS during the city sponsored concert.				
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 Schroeder		First Name Erin		M.I. L
Title JCTL Foundation Sergeant of arm & agent		Email erinschroeder50@yahoo.com		Phone 920 342 9115
Signature 			Date 5/29/24	
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk 5/29/24			License Number	
Date License Granted			Date License Issued	
Signature of Clerk/Deputy Clerk				