

Temporary Alcohol Beverage License

Municipality

C. Watertown

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ 7.00
	Total Fees	\$ 17.00

pd.
11/21

Part A: Organization Information		
1. Organization Name St. Henry Church		
2. Organization Permanent Address 412 N. 4th Street		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 114 S. Church St. Watertown, WI 53094		
7. FEIN 39-0844646	8. Date of Organization/Incorporation 01/01/54	9. State of Organization/Incorporation WI
10. Phone (920) 261-7273	11. Email jwolf@watertowncatholic.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input checked="" type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input 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
Renz	Fr. Tim	Pastor	(920) 261-7273

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Part C: Event Information			
1. Name of Event (if applicable) Casino Night			
2. Dates of Operation 1/17/2026		3. Hours of Operation 6:00pm - 10:00pm	
4. Premises Address 300 E Cady 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
11. Organizer of Event (if not the named applicant) Ashley Tracy		12. Email and/or Phone Number for Organizer of Event 920-253-5828	
13. Organizer Website www.watertowncatholic.org		14. Event Website www.watertowncatholic.org	
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. We are hosting a fundraising event in our school gymnasium.			

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 Renz		First Name TIM	
M.I. J			
Title Pastor	Email fr. timrenz@gmail.com	Phone (608) 408-7445	
Signature Fr. Tim Renz		Date 1/11/25	

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

Alcohol Beverage
Individual QuestionnaireDate
11-21-2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

St Henry Parish

2. Business Trade Name or DBA

St Henry Parish

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☐ Corporation☒ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Renz

2. First Name

Fr. Tim

3. M.I.

J

4. Relationship to Business (Title)

Pastor

5. Email

fr.timjrenz@gamil.com

6. Phone

(920) 261-7273

7. Home Address

201 S. Montgomery Street

8. City

Watertown

9. State

WI

10. Zip Code

53094

11. Date of Birth

12. Drivers License/State ID Number

R520-8108-0046-02

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

412 N 4th St.

City

Watertown

State

WI

Zip Code

53094

Previous Address 2

412 Nadig Dr.

City

Fort Atkinson

State

WI

Zip Code

53538

Previous Address 3

City

State

WI

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County ,

WI

Jefferson

MI

Wayne

WI

Dane

WI

Sauk

State

County

State

County

State

County

State

County

WI

Rock

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Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature

Date

