

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	\$ 42.00
	Total Fees	\$ 52.00 (pd)

Part A: Organization Information			
1. Organization Name Habitat for Humanity Waukesha - Jefferson - Rock			
2. Organization Permanent Address 2020 Springdale Road			
3. City Waukesha	4. State WI	5. Zip Code 53186	
6. Mailing Address (if different from permanent address)			
7. FEIN 39-1642114	8. Date of Organization/Incorporation 3/1/1989	9. State of Organization/Incorporation Wisconsin	
10. Phone 262-309-6025	11. Email info@habitatwaukesha.org		
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
Songco	Melissa	Chief Executive Officer	262-729-3962
Pelquin	Brett	Chief Operating Officer	262-309-6025
Vock	Sue	Director of Marketing & Development	262-729-3038
Greiff	Steve	Board President	262-554-3929
Mosca	Jonathan	Board Treasurer	414-852-1385
Rousseau	Anna-Grace	Agent	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Dream Builders Gala			
2. Dates of Operation 6/13/26		3. Hours of Operation 5:30 PM - 10:00 PM	
4. Premises Address 113, 109, 117 N. Votach Drive			
5. City Watertown		6. State WI	7. Zip Code 53098
8. County Dodge	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District 5
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website www.habitatwjr.org		14. Event Website www.habitatwjr.org/dreambuilders	
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. Luxury tent will have two bars inside, no rooms or living quarters. Maps are included in application.			

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 Voek		First Name Susan	M.I.
Title Director of Development	Email sue@habitatwaukesha	Phone 262-729-3038	
Signature Susan Voek		Date 5-7-26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 5-15-2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



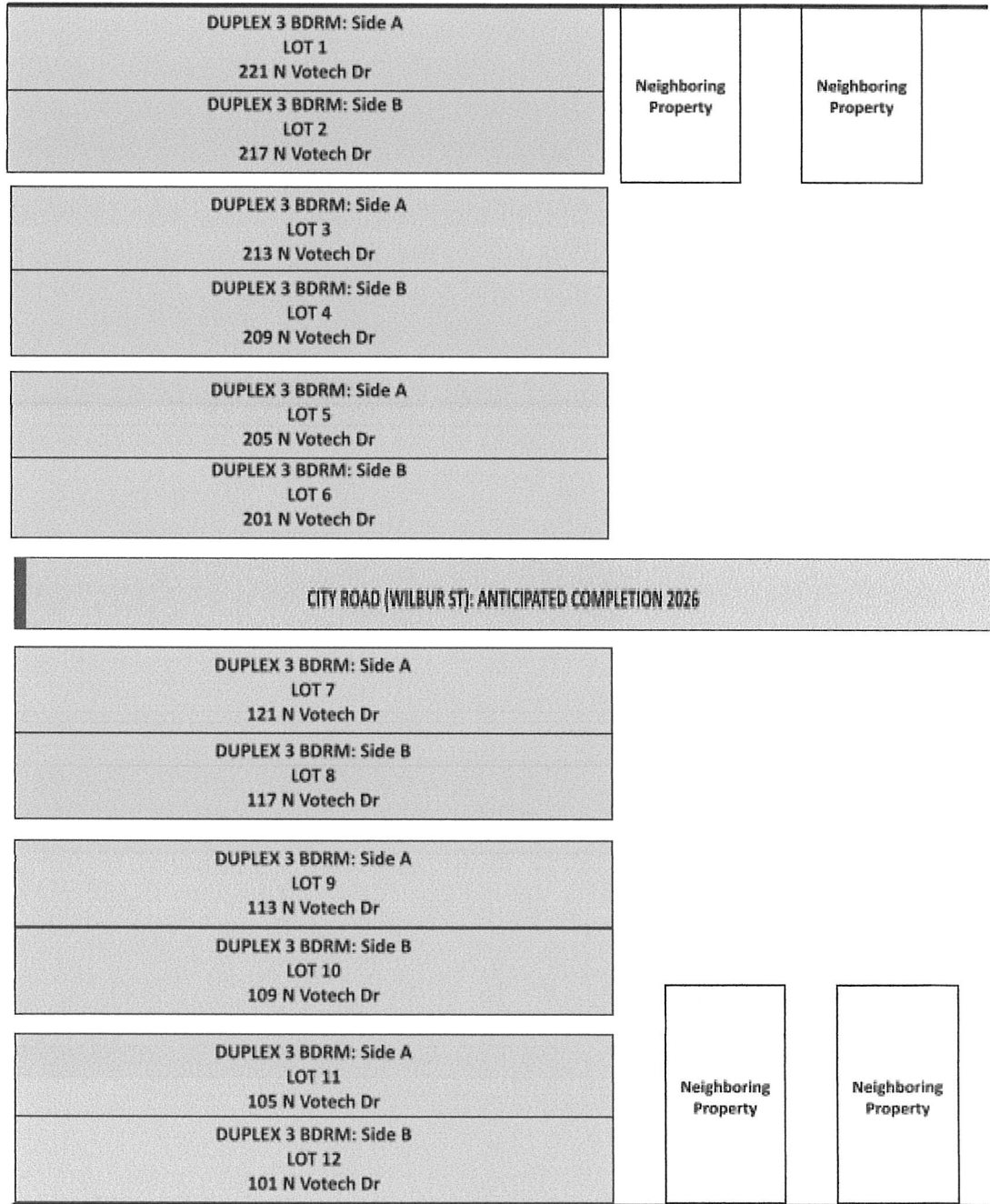
COLLEGE PARK
 HOME DESIGNS | LOT ASSIGNMENTS | ADDRESSES
 12 LOTS – 6 HOMES
 TWELVE FAMILIES



LISBON ST

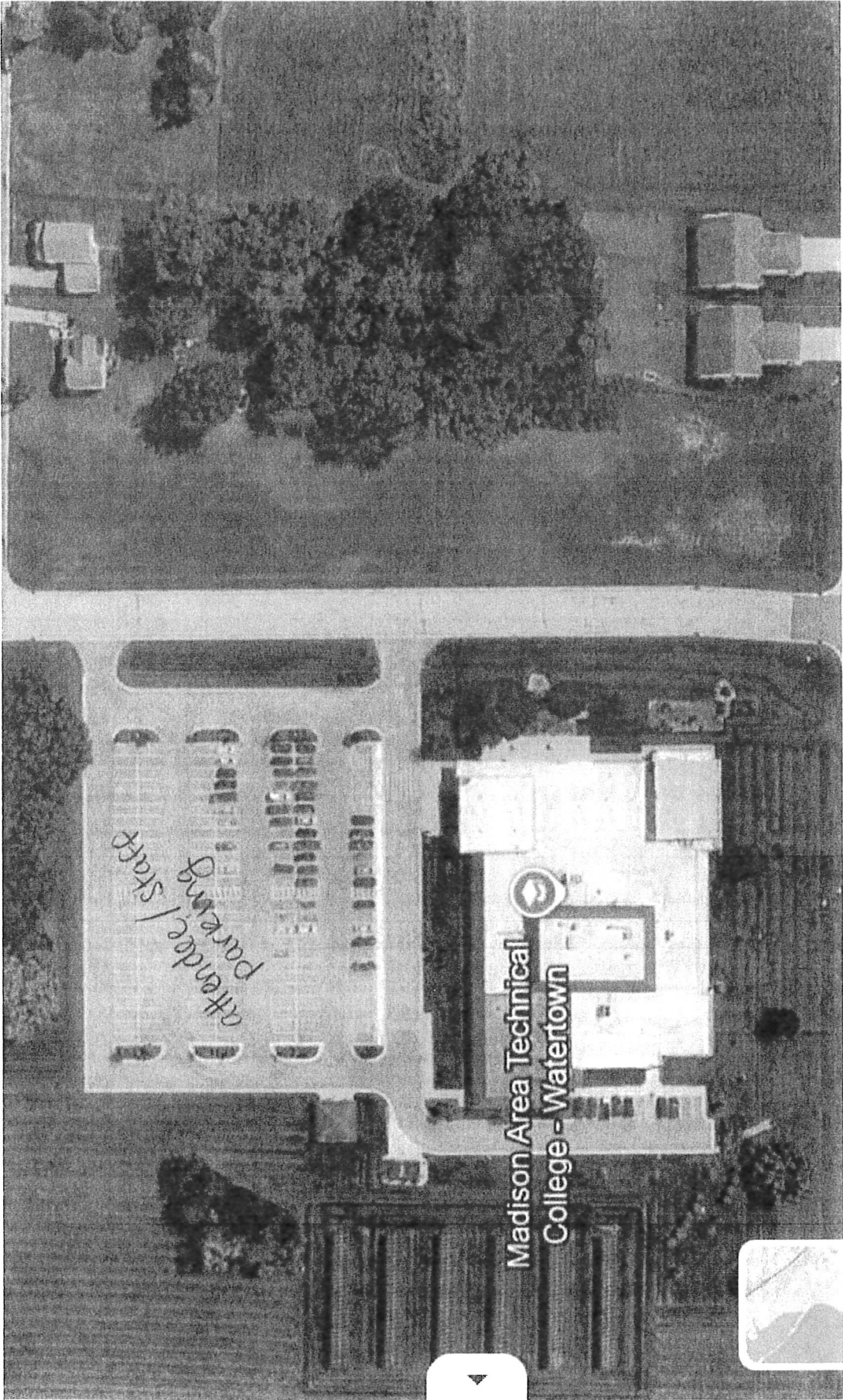
- Lot 1: 221 N Votech Drive
- Lot 2: 217 N Votech Drive
- Lot 3: 213 N Votech Drive
- Lot 4: 209 N Votech Drive
- Lot 5: 205 N Votech Drive
- Lot 6: 201 N Votech Drive
- Lot 7: 121 N Votech Drive
- Lot 8: 117 N Votech Drive
- Lot 9: 113 N Votech Drive
- Lot 10: 109 N Votech Drive
- Lot 11: 105 N Votech Drive
- Lot 12: 101 N Votech Drive

N VOTECH DR



N VOTECH DR

W MAIN ST

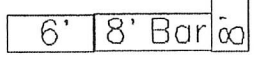
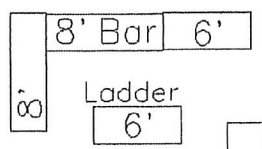
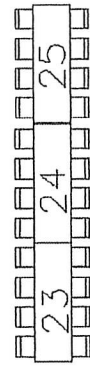
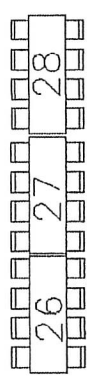
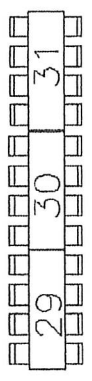
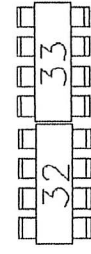
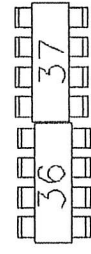
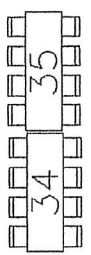
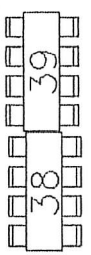
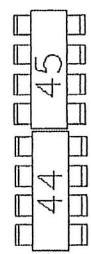
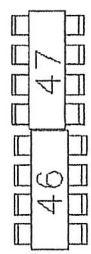


Madison Area Technical
College - Watertown

attendee / staff

AV AV

6' Regis
8' Regis



corner

