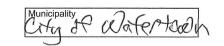


Form

**AB-220** 

## MAY 2 2 2025 Temporary Alcohol Beverage License



License(s) Requested		Fees	
		License Fees	\$ 10
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$ /
		Total Fees	\$ 10 pd

Part A: Organization Informa	ition				
1. Organization Name	Insimited				
	AMIUNITES				
2. Organization Permanent Address  Z 100 McCh(c	gan St.				
3. City Con B	a (	4. Sta	te 5. Zip Code 54 Z 35		
6. Mailing Address of different from pe		gean Bay WI	54235		
7. FEIN 39-1415070	8. Date of Organization/Incorporation  9. State of Organization/Incorporation				
10. Phone 11. Email 11. Em					
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church	ion/Agricultural Society	Veteran's Organization		
☐ Lodge/Society ☐ 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?		X Yes □ No		
14. Wisconsin Seller's Permit Number (if applicable) 0355664A					
Part B: Individual Informatio	n				
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 Al	cohol Beverage Appointment of A	gent (Form AB-101).			
Last Name	First Name	Title	Phone		
Bartz	Son	Co Chair	Pter 9 20.988.529		
Bartz	Dan	Watertean Cha	1/20-261-8932		

 $Continued \rightarrow$ 

Part C: Event Information				
1. Name of Event (if applicable) Summer Concert Series - Eaches Tribute				
0.00				
2. Dates of Operation 7/20/2025 3. Hours of Operation 1/977 - Operation				
4. Premises Address Bertzin Family Toom Square, I.W. Main St. Waterform WI 5. City O ( - ( ) ) 6. State 7. Zip Code				
5. City Date form  6. State 7. Zip Code 53094				
8. County 9. Governing Municipality City Town Village 10. Aldermanic District of: Worker OD 1				
11. Organizer of Event (if not the named applicant)  12. Email and/or Phone Number for Organizer of Event  Siwhi Waferfowhwi. 90V				
13. Organizer Website Wife Houn Wigov/ departments/park reospation_foresto	ئر			
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sort, 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.				
Alcohol Seles will be located on S. Water St.				
adjacent to Bentzin Family Town Square				
- see attached map				
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 truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or er seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assig to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol bevera from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I underst that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I represented for submitting false statements and affidavits in connection with this application, and that any person who knowing provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	ntity ned iges will and may			
Last Name First Name M.L				
Title Phone	(0.2)			
Watertain Chapter Cochair debartzagmail. com 920-261-8932				
5/02/2003				
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk License Number				
05-22-2025 2025-026				
Date License Granted Date License Issued				
Signature of Clerk/Deputy Clerk				

S. Water \$. servine Area Trouler Town Sy March

W. Mary