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Form  
AB-220

MAY 22 2025  
Temporary Alcohol Beverage License

Municipality  
City of Watertown

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ /
	Total Fees	\$ 10 pd

Part A: Organization Information		
1. Organization Name Whitetails Unlimited		
2. Organization Permanent Address 2100 Michigan St.		
3. City Sturgeon Bay	4. State WI	5. Zip Code 54235
6. Mailing Address (if different from permanent address) 2100 Michigan St., PO Box 720, Sturgeon Bay WI 54235		
7. FEIN 39-1415070	8. Date of Organization/Incorporation 7/1/1982	9. State of Organization/Incorporation WI
10. Phone 800-274-5471	11. Email rhe@whitetailsunlimited.com	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) 0355684A		

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
Bartz	Dan	Watertown Chapter Co Chair	920-988-5299
Bartz	Dan	Watertown Chapter Co Chair	920-261-8932

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) Summer Concert Series - Eagles Tribute			
2. Dates of Operation 7/20/2025		3. Hours of Operation 11am - 6pm	
4. Premises Address Bentzen Family Town Square, 1 W. Main St. Watertown WI			
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) Stephane Juhl		12. Email and/or Phone Number for Organizer of Event sjuhl@watertownwi.gov	
13. Organizer Website Watertownwi.gov/departments/park-recreation-forestry		14. Event Website	
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. Alcohol Sales will be located on S. Water St. adjacent to Bentzen 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 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 Bartz		First Name Daniel		M.I. C
Title Watertown Chapter CoChair	Email dbartz@gmail.com	Phone 920-261-8932		
Signature Daniel Bartz			Date 5/22/2025	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 05-22-2025	License Number 2025-026
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Serving Area

Trailer

S. Water St.

W. Main St.

Bentzen  
Family

Team  
Square

