

Temporary Alcohol Beverage License

Municipality  
C. Watertown

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$ 14.00
	<b>Total Fees</b>	<b>\$ 24.00</b>

**Part A: Organization Information**

1. Organization Name  
Watertown Main Street Program

2. Organization Permanent Address  
519 E. Main Street

3. City  
Watertown

4. State  
WI

5. Zip Code  
53094

6. Mailing Address (if different from permanent address)

7. FEIN  
39-2008095

8. Date of Organization/Incorporation  
2000

9. State of Organization/Incorporation  
WI

10. Phone  
920 342 3623

11. Email  
watertownmainstreet@gmail.com

12. Organization type (check one)

Bona Fide Club
  Church
  Fair Association/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? .....  Yes  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
Konz	Brian	President	920.392.1191
Clifford	Kevin	V-President	920 248 6944
Budkowitz	Sandra	Treasurer	920 988 4352
Broers	Stefanie	Executive Director	920 342 3623

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Craft Beer + Bacon Walk			
2. Dates of Operation July 17, 2024		3. Hours of Operation 5 <sup>30</sup> - 9 pm	
4. Premises Address Mattress By Appointment 409 E. 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:		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Watertown Main Street Program		12. Email and/or Phone Number for Organizer of Event watertownmainstreet@gmail.com	
13. Organizer Website watertownmainstreet.org		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. Samples will be served inside the business Stored inside the business			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 Broere		First Name Stefanie	M.I. A
Title Executive Director	Email watertownmainstreet@gmail.com	Phone 920.342.3623	
Signature Stefanie Broere		Date 8/3/2020	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 6-3-2020	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	