

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

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
392008095

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 |
| | | | |
| Poroere | 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, 2020

3. Hours of Operation

5³⁰ - 9 pm

4. Premises Address

Keeck Furniture 110 E. Main Street

5. City

Watertown

6. State

WI

7. Zip Code

53094

8. County

Jefferson

9. Governing Municipality

 City Town 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

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

Broere

First Name

Stephanie

M.I.

A

Title

Executive Director

Email

watertownmainstreet@gmail.com

Phone

920 342
3623

Signature

Stephanie Broere

Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

6-2-2020

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk