

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$ 35.00
	Total Fees	\$ 45.00

Part A: Organization Information

1. Organization Name
Watertown Cardinals Baseball Organization Inc

2. Organization Permanent Address
NG14 Boulder Rd

3. City
Watertown

4. State
WI

5. Zip Code
53098

6. Mailing Address (if different from permanent address)

7. FEIN
39-4144927

8. Date of Organization/Incorporation
09-03-2025

9. State of Organization/Incorporation
WI

10. Phone
210-317-5263

11. Email
roeseler@gmail.com / wtncards@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)
501(c)(3) exemption

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
Roeseler	Aaron	Director/President	920-285-5547
Roeseler	Ethan	Director	210-317-5263
Roeseler	Luke	Director	920-285-7957
Roeseler	Malachi	Director	920-285-7694
Roeseler	Kris	Director Alcohol Beverage Agent	920-390-9164

Continued →

Part C: Event Information


1. Name of Event (if applicable) Home game vs. Helenville Rebels			
2. Dates of Operation 5-3-2026		3. Hours of Operation 10am - 5pm	
4. Premises Address 635 S 12th St			
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 9
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event wttncards@gmail.com	
13. Organizer Website wttncardinals.com		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. Washington Park comprises a small building approx. 20 x 40 feet in size beside the baseball diamond from which beer will be sold and this temp. license will be on hand and consumption of alcoholic beverages will be allowed near the concessions stand and			

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 Roeseler	First Name Ethan	M.I. I
Title Director	Email roeseler@gmail.com	Phone 210-317-5263
Signature 		Date 3/22/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3-30-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

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		\$ -
Total Fees		\$ 10.00

Part A: Organization Information

1. Organization Name
Watertown Cardinals Baseball Organization Inc

2. Organization Permanent Address
N614 Boulder Rd

3. City
Watertown

4. State
WI

5. Zip Code
53098

6. Mailing Address (if different from permanent address)

7. FEIN
39-4144927

8. Date of Organization/Incorporation
9-3-25

9. State of Organization/Incorporation
WI

10. Phone
210-317-5263

11. Email
wttncards@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)
501(c)(3) exempt

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
Roeseler	Aaron	Director/President	920-285-5547
"	Ethan	Director	210-317-5263
"	Luke	"	920-285-7957
"	Malachi	"	920-285-7694
"	Kris	Alcohol Beverage Agent	920-390-9164

Continued →

Part C: Event Information


1. Name of Event (if applicable) Home Game vs. Milton Crescents		
2. Dates of Operation 5-9-26		3. Hours of Operation 10am - 5pm
4. Premises Address 635 S 12th St - Washington Park		
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 9
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event wttncards@gmail.com
13. Organizer Website wttncardinals.com		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. Concession building about 20 x 40 feet in size next to the baseball diamond will be used for selling beer, and consumption is allowed within the Washington Park block perimeter.		

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 Roessler		First Name Ethan	M.I. I
Title Director	Email roessler@gmail.com		Phone 210-317-5263
Signature 		Date 3/22/26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3-30-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$ -
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name
Watertown Cardinals Baseball Organization Inc

2. Organization Permanent Address
N614 Boulder Rd

3. City
Watertown

4. State
WI

5. Zip Code
53098

6. Mailing Address (if different from permanent address)

7. FEIN
39-4144927

8. Date of Organization/Incorporation
9-3-25

9. State of Organization/Incorporation
WI

10. Phone
210-317-5263

11. Email
wttncards@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
Roeseler	Aaron	Director	9202855547
"	Ethan	"	2103175263
"	Luke	"	9202857957
"	Malachi	"	9202857694
"	Kris	Agent	9203909164

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Home game vs. Neosho Rockets			
2. Dates of Operation 5-17-26		3. Hours of Operation 10 am - 5 pm	
4. Premises Address Washington Park - 635 S 12th St			
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 9
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event wttncards@gmail.com	
13. Organizer Website wttncardinals.com ←→		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. Concession building next to baseball field will be used for selling beer, and consumption will be allowed within the Washington Park block perimeter.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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.</p>			
Last Name Roeseler		First Name Ethan	M.I. I
Title Director	Email roeselere@gmail.com		Phone 210-317-5263
Signature 		Date 3/22/26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 3-30-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
C. Water town

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$ -
Total Fees		\$ 10.00

Part A: Organization Information

1. Organization Name: Water town Cardinals Baseball Organization Inc

2. Organization Permanent Address: N614 Boulder Rd

3. City: Water town 4. State: WI 5. Zip Code: 53098

6. Mailing Address (if different from permanent address):

7. FEIN: 39-4144927 8. Date of Organization/Incorporation: 9-3-25 9. State of Organization/Incorporation: WI

10. Phone: 260-317-5263 11. Email: wttncards@gmail.com

12. Organization type (check one):
 Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society **IAR** 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
Roeseler	Aaron	Director	9202855547
"	Ethan	"	2103175263
"	Luke	"	9202857957
"	Malachi	"	9202857694
"	Kris	Agent	9203909164

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Home game vs. Rubicon Red Sox			
2. Dates of Operation 5-31-26		3. Hours of Operation 10am - 5pm	
4. Premises Address Washington Park - 635 S 12th St			
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 9
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event wtncards@gmail.com	
13. Organizer Website wtncardinals.com		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. Concession building will be used for selling beer, and consumption will be allowed within the Washington Park block perimeter.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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.</p>			
Last Name Roeseleer		First Name Ethan	M.I. I
Title Director	Email roeselere@gmail.com		Phone 210-317-5263
Signature <i>Ethan Roeseleer</i>		Date 3/22/26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 3-30-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	<input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees \$ 10.00
		Background Check \$ -
		Total Fees \$ 10.00

Part A: Organization Information

1. Organization Name
Watertown Cardinals Baseball Organization Inc

2. Organization Permanent Address
N614 Boulder Rd

3. City
Watertown

4. State
WI

5. Zip Code
53098

6. Mailing Address (if different from permanent address)

7. FEIN
39-4144927

8. Date of Organization/Incorporation
9-3-25

9. State of Organization/Incorporation
WI

10. Phone
210-317-5263

11. Email
wtncards@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

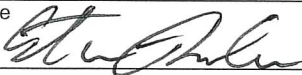
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Roeseler	Aaron	Director	9202855547
"	Ethan	"	2103175263
"	Luke	"	9202857957
"	Malachi	"	9202857694
"	Kris	Agent	9203909164

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Home game vs. Clyman Cannors			
2. Dates of Operation 6-12-26		3. Hours of Operation 4-11pm	
4. Premises Address Washington Park 635 S 12th St			
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 9
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event wtncards@gmail.com	
13. Organizer Website wtncardinals.com		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. Concession building will be used for selling beer, and consumption will be allowed within the Washington Park block perimeter.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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.</p>			
Last Name Roeseler		First Name Isaac Ethan	M.I. I
Title Director	Email roeselere@gmail.com		Phone 2103175263
Signature 		Date 3/22/26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 3-30-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	