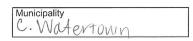
AB-220

Temporary Alcohol Beverage License



License(s) Requested		Fe	es
		License Fees	\$ 10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$
		Total Fees	\$ 1000

Part A: Organization Informa	ation		
1. Organization Name	00 : 8: 10		
Watertown 1	Main Street Pi	rogram	
2. Organization Permanent Address	Ci	9	
519 6. Main	<u> </u>		_
3. City Watertown	_	4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)		
7. FEIN	8. Date of Organization/Inco	orporation 9. State of Organiz	zation/Incorporation
39.2008095	04/2000		1
10. Phone	11. Email	, , ,	- 1
920 342 3623	watertown	nainstreet @ an	rail.com
12. Organization type (check one)			
☐ Bona Fide Club ☐	Church	on/Agricultural Society 🔲 Veter	an's Organization
☐ Lodge/Society	Chamber of Commerce or similar	Civic or Trade Organization under cl	n. 181. Wis. Stats.
13. Is this organization required to I	hold a Wisconsin Seller's permit?		Yes No
14. Wisconsin Seller's Permit Number ((if applicable)		
Part B: Individual Information	n		
	mber for all officers, directors, and ted below. Attach additional sheets	agent of the organization. Include an if necessary.	n Individual Questionnaire
Corporations must also include Alo	cohol Beverage Appointment of Age	ent (Form AB-101).	
Last Name	First Name	Title	Phone
Broere	Stefanie	Executive Director	770 853 9265
Counsell	Ron	Board President	414.828.6075
Clifford	Kevin	Proord Vice President	920 248 6944
Konz	Brian	Board Treasurer	920392.1191

Part C: Event Information	
1 Name of Event (if applicable)	2 / /
Craft Beer + Seltzer W	DK
2. Dates of Operation	3. Hours of Operation
July 17, 2025	5pm-8pm
4. Premises Address	
202 w Main Street	20H!2 Salon
5. City Watertown	6. State 7. Zip Code 5309 4
8. County 9. Governing Municipal of:	ality City Town Village 10. Aldermanic District
I 11. Organizer of Event (if not the named applicant)	2. Email and/or Phone Number for Organizer of Event
Stefanie Broeve	water townmainstreet @gmail.com
13. Organizer Website	4. Event Website
watertownmainstreet.org	ticketsignup.com
stored, or consumed, and related records are kept. Describ alcohol beverage activities and storage of records may occ or diagram and additional sheets if necessary.	d any outside areas where alcohol beverages and records are sold, e all rooms within the building, including living quarters. Authorized ur only on the premises described in this application. Attach a map
netail Space - Ina	ride Building-1st Floor
Part D: Attestation	
Who must sign this application?	
one officer or director of the nonprofit organization	
truthfully. I agree that I am acting solely on behalf of the applications seeking the license. Further, I agree that the rights and respons to another individual or entity. I agree to operate according to from Wisconsin-permitted wholesalers. I understand that lack obe deemed a refusal to allow inspection. Such refusal is a mist that any license issued contrary to Wis. Stat. Chapter 125 shall	tw, I have answered each of the above questions completely and cant organization and not on behalf of any other individual or entity sibilities conferred by the license(s), if granted, will not be assigned the law, including but not limited to, purchasing alcohol beverages of access to any portion of a licensed premises during inspection will demeanor and grounds for revocation of this license. I understand I be void under penalty of state law. I further understand that I may connection with this application, and that any person who knowingly be required to forfeit not more than \$1,000 if convicted.
Last Name Fire	st Name M.I.
Groere	Ditetanie /
Executive Director water	townmainstreet agmail com 3623
Stefanie Boera	Dàte
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

AB-220

Temporary Alcohol Beverage License



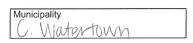
License(s) Requested		Fe	es
	`	License Fees	\$ 10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$
		Total Fees	\$ 1000

Part A: Organization Informa	ation				
1. Organization Name Water town	Main S	treet Pr	oaram	_	
2. Organization Permanent Address	(-4.10				
519 E. Main	St.				
3. City Water town	_			4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)				
39·2008095		of Organization/Inco		9. State of Organiz	zation/Incorporation
10. Phone 920 342 3623	11. Em	ail Hertown	nainstre	et@gn	rail.com
12. Organization type (check one)	•			9	
☐ Bona Fide Club ☐	Church	☐ Fair Association	n/Agricultural Socie	ety 🗌 Veter	an's Organization
☐ Lodge/Society ☐	Chamber of Co	mmerce or similar	Civic or Trade Org	anization under ch	n. 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 Informatio	n				
List the name, title, and phone nu (Form AB-100) for each person lis				ization. Include ar	n Individual Questionnaire
Corporations must also include Ale					
Last Name	First Name		Title		Phone
Broere	Stefania	e	Execution		770 853 9265
Coursell	Ron		Board Preside	nt	414.828.6079
Clifford	Kevin		Boord Vice Pr	amidant	920 248 6941
Konz	Briar	1	Board Treas	wer	920392.1191

Dant C. Franck Information	
Part C: Event Information	
1. Name of Event (if applicable) Craft Bear & Seltzer Walk	
2. Dates of Operation	3. Hours of Operation
July 11, 2025	5pm-8pm
4. Premises Address 209 E. Main Street Ava	a's a post boutique.
5. City Watertown	6. State 7. Zip Code 53094
Jefferson of:	Town Village 10. Aldermanic District
11. Organizer of Event (if not the named applicant) 12. Email and/or Pho	one Number for Organizer of Event
	onmainstreet@gmail.com
13. Organizer Website	
	gnup : com
15. Premises Description - Describe the building or buildings and any outside area stored, or consumed, and related records are kept. Describe all rooms within alcohol beverage activities and storage of records may occur only on the preor diagram and additional sheets if necessary.	the building, including living quarters. Authorized mises described in this application. Attach a map
Pretail Space - Inside Br	uilding - 1st Floor
)
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 answer truthfully. I agree that I am acting solely on behalf of the applicant organization as seeking the license. Further, I agree that the rights and responsibilities conferred to another individual or entity. I agree to operate according to the law, including from Wisconsin-permitted wholesalers. I understand that lack of access to any pobe deemed a refusal to allow inspection. Such refusal is a misdemeanor and growthat any license issued contrary to Wis. Stat. Chapter 125 shall be void under pebe prosecuted for submitting false statements and affidavits in connection with this provides materially false information on this application may be required to forfei	and not on behalf of any other individual or entity by the license(s), if granted, will not be assigned but not limited to, purchasing alcohol beverages ortion of a licensed premises during inspection will ounds for revocation of this license. I understand enalty of state law. I further understand that I may is application, and that any person who knowingly
ast Name First Name	M.I. <u>A</u>
broere Stetania	Phone (6.2
Executive Director watertownmain	nstreet agmail.com 3623
Stefanie Bolle	Date C
Part E: For Clerk Use Only	
Pate Application Was Filed With Clerk License Number	
Date License Granted Date License Issu	ued

AB-220

Temporary Alcohol Beverage License



License(s) Requested		Fe	es
		License Fees	\$ 10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$
		Total Fees	\$ 1000

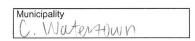
Part A: Organization Informa	ation		
1. Organization Name Watertown	Main Street Pi	rogram	
2. Organization Permanent Address	C_1		
519 6. Main	<i>St.</i> .		
3. City Water town	_	4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)		
7. FEIN 1 39 · 2008095	8. Date of Organization/Inco		zation/Incorporation
10. Phone 920 342 3423	11. Email Water town	nainstreet@an	rail.com
12. Organization type (check one)		5	
☐ Bona Fide Club	Church	on/Agricultural Society	ran's Organization
☐ Lodge/Society	Chamber of Commerce or similar	Civic or Trade Organization under c	h. 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	n		
	mber for all officers, directors, and ted below. Attach additional sheets	agent of the organization. Include a if necessary.	n Individual Questionnaire
Corporations must also include Ale	cohol Beverage Appointment of Age	ent (Form AB-101).	
Last Name	First Name	Title	Phone
Porsere	Stefanie	Executive Director	770 853 9265
Coursell	Ron	Board President	414.828.6075
Clifford	Kevin	Board Vice President	920 248 6944
Konz	Brian	Board Treasurer	920392.1191

 $\textit{Continued} \rightarrow$

Part C: Event Information	
1 Name of Event (if applicable)	11.
Craft Beer + Seltzer W	alk
2. Dates of Operation July 17, 2025	3. Hours of Operation 5pm - 8pm
4. Premises Address 217 E. Main Stree	
5. City Water town	6. State 7. Zip Code 53094
8. County 9. Governing Municipal of:	ity City Town Village 10. Aldermanic District
11. Organizer of Event (if not the named applicant)	2. Email and/or Phone Number for Organizer of Event
Stefanie Broeve u	sater townmainstreet @gmail.com
13. Organizer Website	4. Event Website
watertownmainstreet.org -	ticketsignup.com
stored, or consumed, and related records are kept. Describe alcohol beverage activities and storage of records may occu or diagram and additional sheets if necessary.	d any outside areas where alcohol beverages and records are sold, all rooms within the building, including living quarters. Authorized or only on the premises described in this application. Attach a map
netail Space - Ins	ide Building-1st Floor
Part D: Attestation	
Who must sign this application?	
 one officer or director of the nonprofit organization 	
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Last Name First	Refania M.I. A
Title Syccutive Director Water	townmainstreet agmail com 3623
Stefanie Bolla	Dăté S
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

AB-220

Temporary Alcohol Beverage License



License(s) Requested		Fe	es
		License Fees	\$ 10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$
		Total Fees	\$ 10.00

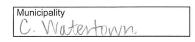
Part A: Organization Informa	ation			
1. Organization Name	20 : 8: 10	200		
Watertown 1	Main Street Pr	rogram		
2. Organization Permanent Address	Ci)		
519 6. Main	<u> </u>			
3. City Water town	_	4	State	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)			
7. FEIN	8. Date of Organization/Inco	rporation 9. Stat	e of Organiz	zation/Incorporation
39.2008095	04/2000		20	1
10. Phone	11. Email		$\overline{}$	
920 342 3623	watertown	nainstreet (e) an	rail.com
12. Organization type (check one)				
☐ Bona Fide Club ☐	Church Fair Associatio	n/Agricultural Society	☐ Veter	an's Organization
Lodge/Society	Chamber of Commerce or similar	Civic or Trade Organization	on under ch	n. 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)			·
t .				
Part B: Individual Informatio	n			
	imber for all officers, directors, and sted below. Attach additional sheets		Include ar	n Individual Questionnaire
Corporations must also include Al-	cohol Beverage Appointment of Age	ent (Form AB-101).		
Last Name	First Name	Title		Phone
Broere	Stefanie	Executive Director		770 853 9265
Counsell	Ron	Board President	_	414.828.6075
Clifford	Kevin	Board Vice Presid	ent	920 248 6941
Honz	Brian	Board Treasure	~	920392.1191

Part C: Event Information 1. Name of Event (if applicable) Craft Beer + Beltzer Walk	
Craff Base & Coltage W	1
CI ATT ISLE + DELI CET DOWN	
2. Dates of Operation 3. Hours of Operation 5pm - 8pm	
4. Premises Address	
200 W. Main Street Pine Hill Farm	
5. City Watertown 6. State 7. Zip Code W1 53094	
8. County 9. Governing Municipality City Town Village 10. Aldermanic District of:	
11. Organizer of Event (if not the named applicant) 12. Email and/or Phone Number for Organizer of Event	1000
Stefanie Broeve water town mainstreet @gmai 13. Organizer Website 14. Event Website	· Con
watertownmainstreet.org ticketsignup.com	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are so stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorizational beverage activities and storage of records may occur only on the premises described in this application. Attach a nor diagram and additional sheets if necessary.	zed
Retail Space - Inside Building - 1st Floor	-
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 attruthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or enseeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assign to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverage 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 understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I make prosecuted 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.	tity ned ges will and nay
Last Name First Name Ci	
1000000 Stetanic Phone 4202	200
Title Syccutive Director watertownmainstreet amail.com 302	3
Stefanie Bolta	
Part E: For Clerk Use Only	-
Date Application Was Filed With Clerk License Number	
Date License Granted Date License Issued	

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	v			1

AB-220

Temporary Alcohol Beverage License



License(s) Requested		Fe	es	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	Name and Control of Con-
		Total Fees	\$	1000

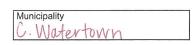
Part A: Organization Informa	ation	¥	
1. Organization Name	200 81 1 6	2	
Watertown 1	Main Street f	rogram	
2. Organization Permanent Address	St.	•	
519 6. Main	<u>ज</u> ः,	T. 2	
3. City Water town	_	4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)		
7. FEIN 39 · 2008095	8. Date of Organization/In		nization/Incorporation
10. Phone 920 342 3423	11. Email	mainstreet @ gr	nail.com
12. Organization type (check one)		3	
☐ Bona Fide Club ☐	Church	ion/Agricultural Society	eran's Organization
☐ Lodge/Society 💆	Chamber of Commerce or simila	ır 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 Informatio	n		
List the name, title, and phone nu (Form AB-100) for each person lis		d agent of the organization. Include ts if necessary.	an Individual Questionnaire
Corporations must also include Al			
Last Name	First Name	Title	Phone
Broere	Stefanie	Executive Director	770 853 9265
Counsell	Ron	Board President	414.828.6079
Clifford	Kevin	Brand Vice President	920 248 6944
Honz	Brian	Board Treasurer	920392.1191

Part C: Event Information	
1 Name of Event (if applicable)	
Craft Beer + Seltzer L	Dalk
2. Dates of Operation	3. Hours of Operation
July 17, 2025 4. Premises Address	5pm-8pm
16. W Main Street	Sassy Sweet 5
5. City / Ja Herthurn	6. State 7. Zip Code W 1 53094
8. County 9. Governing Muni of:	7
(12. Email and/or Phone Number for Organizer of Event
Stefanie Broeve 13. Organizer Website	water townmainstreet @gmail.com
calertownmainstreet.org	ticketsignup.com
	and any outside areas where alcohol beverages and records are sold,
stored, or consumed, and related records are kept. Desc alcohol beverage activities and storage of records may o or diagram and additional sheets if necessary.	cribe all rooms within the building, including living quarters. Authorized occur only on the premises described in this application. Attach a map
Pretail Space - In	iside Building-1st Floor
C) 1001
Part D: Attestation	
Who must sign this application?	
 one officer or director of the nonprofit organization 	
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) _	First Name (Ci., D
OCOUNC Email	Phone 420 2112
Executive Director water	1 10 11
Stefanie Boere	Date
art E: For Clerk Use Only	
att E. For Glerk Ose Offy ate Application Was Filed With Clerk	License Number
ate License Granted	Date License Issued
ignature of Clerk/Deputy Clerk	

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AB-220

Temporary Alcohol Beverage License



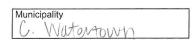
License(s) Requested		Fe	es	a
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	28
		Total Fees	\$	3800

Part A: Organization Informa	ntion						
1. Organization Name	-						
Watertown 1	Main S	treet Pr	oaram	_			
2. Organization Permanent Address	(20,10	(, 00	3				
519 6. Main	St.						
3. City Water town	_			4. State	5. Zip, Coo	1e 294	
6. Mailing Address (if different from pe	rmanent address)					
7. FEIN 39 · 2008095		e of Organization/Incom のサークン		9. State of Organia	zation/Incorp	poration	
10. Phone 920 342 3423	11. En		,	et@an	rail.	com	
12. Organization type (check one)				<u> </u>			
☐ Bona Fide Club ☐	Church	Fair Association	n/Agricultural Socie	ty 🔲 Veter	an's Orgai	nization	
☐ Lodge/Society ☐	Chamber of Co	ommerce or similar	Civic or Trade Orga	nization under cl	h. 181, Wis	s. Stats.	
13. Is this organization required to		n Seller's permit?				Yes	ДNo
14. Wisconsin Seller's Permit Number	(if applicable)						
ı							
Part B: Individual Information	n						
List the name, title, and phone nu. (Form AB-100) for each person lis				zation. Include ai	n Individua	l Questic	onnaire
Corporations must also include Ale	cohol Beverage	Appointment of Age	ent (Form AB-101).				
Last Name	First Name		Title		Phone		
Broere	Stefani	e	Executive	e	770	853°	9265
Counsell	Ron		Board Presides		414.	828.	6075
Clifford	Kevin		Possard Vice Pre	mident	920	248	694
Honz	Brian	1	Board Treas	urer	920	392	1191

Part C: Event Information	
1 Name of Event (if applicable)	
Craft Beer + Seltzer L	DIK.
2. Dates of Operation July 17, 2025	3. Hours of Operation 5pm - 8pm
4. Premises Address	^
14. 6. Main Street	White Oak Builders
5. City Water town	6. State 7. Zip Code 53094
8. County 9. Governing Municipal of:	7
11. Organizer of Event (if not the named applicant)	2. Email and/or Phone Number for Organizer of Event washer townmain street @gmail.com
Stefanie Broeve 1 13. Organizer Website 1	4. Event Website
	ticketsignup com
15 Premises Description - Describe the building or wildings and	d any outside areas where alcohol beverages and records are sold,
stored, or consumed, and related records are kept. Describe alcohol beverage activities and storage of records may occur or diagram and additional sheets if necessary.	e all rooms within the building, including living quarters. Authorized ur only on the premises described in this application. Attach a map
Pretail Space - Ins	ride Building - 1st Floor
~)
Part D: Attestation	
Who must sign this application?	
one officer or director of the nonprofit organization	
	w, I have answered each of the above questions completely and
truthfully. I agree that I am acting solely on behalf of the applic seeking the license. Further, I agree that the rights and respons to another individual or entity. I agree to operate according to from Wisconsin-permitted wholesalers. I understand that lack of be deemed a refusal to allow inspection. Such refusal is a miss that any license issued contrary to Wis. Stat. Chapter 125 shall	cant organization and not on behalf of any other individual or entity sibilities conferred by the license(s), if granted, will not be assigned the law, including but not limited to, purchasing alcohol beverages if access to any portion of a licensed premises during inspection will demeanor and grounds for revocation of this license. I understand be void under penalty of state law. I further understand that I may connection with this application, and that any person who knowingly
Last Name Firs	t Name Stefania M.I. A
Title Syccutive Director water	townmainstreet agmail.com 3623
Stefanie Golde	Dàte O
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

AB-220

Temporary Alcohol Beverage License



License(s) Requested		Fe	es
	`	License Fees	\$ 10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$
		Total Fees	\$ 1000

Part A: Organization Informa	ation			
1. Organization Name	0 2 8 10			
Watertown /	Main Street Pi	baran		
2. Organization Permanent Address	St.	•		
519 6. Main	<u>স</u>			
3. City Water town	_		4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)			
7. FEIN	8. Date of Organization/Inco		. State of Organiz	zation/Incorporation
39.2008095	04/2000		20	/
10. Phone 920 342 3623	11. Email Water town	nainstree	f@an	rail.com
12. Organization type (check one)				
☐ Bona Fide Club ☐	Church Fair Association	n/Agricultural Society		an's Organization
☐ Lodge/Society	Chamber of Commerce or similar	Civic or Trade Organ	ization under ch	n. 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 Informatio	n		-	
	mber for all officers, directors, and sted below. Attach additional sheets		ition. Include ar	n Individual Questionnaire
	cohol Beverage Appointment of Ag	-		
Last Name	First Name	Title		Phone
Broere	Stefanie	Executive		770 853 9265
Counsell	Ron	Board Presiden		414.828.607
Clifford	Kevin	Posserd Vice Press	rident	920 248 6941
Honz	Brian	Board Treasu	rer	920392.1191

Part C: Event Information	
1 Name of Event (if applicable)	
Craft Beer + Seltzer h	
2. Dates of Operation Luly 17, 2025	3. Hours of Operation 5pm - 8pm
4. Premises Address Zig N. Fourth	Street Wisconsin 26 Culinan
5. City Watertown	6. State 7. Zip Code 3000 400 53094
8. County 9. Governing Municip of:	7
	12. Email and/or Phone Number for Organizer of Event water townmain street @gmail.com
13. Organizer Website	14. Event Website
watertownmainstreet.org	ticketsignup.com
stored, or consumed, and related records are kept. Describ alcohol beverage activities and storage of records may occ or diagram and additional sheets if necessary.	and any outside areas where alcohol beverages and records are sold, be all rooms within the building, including living quarters. Authorized our only on the premises described in this application. Attach a map
ricial space - Ing	ride Building - 1st Floor
	J
Part D: Attestation	
Who must sign this application?	
 one officer or director of the nonprofit organization 	
truthfully. I agree that I am acting solely on behalf of the appli seeking the license. Further, I agree that the rights and respont to another individual or entity. I agree to operate according to from Wisconsin-permitted wholesalers. I understand that lack to be deemed a refusal to allow inspection. Such refusal is a misthat any license issued contrary to Wis. Stat. Chapter 125 sha	aw, I have answered each of the above questions completely and cant organization and not on behalf of any other individual or entity is ibilities conferred by the license(s), if granted, will not be assigned the law, including but not limited to, purchasing alcohol beverages of access to any portion of a licensed premises during inspection will addendance and grounds for revocation of this license. I understand libe void under penalty of state law. I further understand that I may connection with this application, and that any person who knowingly be required to forfeit not more than \$1,000 if convicted.
Last Name Fir	st Name Stefania
Title Email Water Director Water	townmainstreet amail com 3623
Stefanie Boere	Date
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Craft Beer & Seltzer Walk

Hosted by Watertown Main Street Program

July 17, 2025 at 5:00pm-8:00pm

	Locations				
Location #	Business Name	Contact	Address		
1.	2OH!2 Salon	Brooke Hoida	202 W. Main Street		
2.	Amado Jr's	Kim Hoffan	403 E. Main Street		
3.	Ava's a posh	Amanda Schwefel	209 E. Main Street		
	boutique				
4.	Bradow Jewelers	Susan Bradow	217 E. Main Street		
5.	D&J Sports Bar –	Jerry Heller	301 East Main Street		
	Wolfgram Sports Bar				
	& Grill (name				
	change)				
6.	The Drafty Cellar	Josh Mueller/Alex	110 S. 3 rd Street		
		Savath			
7.	Local Waters	Karah Pugh	109 S. 3 rd Street		
8.	Lyon's Irish Pub	Carol Bohlman	201 East Main Street		
9.	Pine Hill Farm:	Jackie Phillips	200 W. Main Street		
	wellness collective				
10.	Sassy Sweets	Amber Yelk	116 West Main Street		
	Bakery				
11.	The Score Sports	Jamie Ellis	300 N. Fourth Street		
	Bar				
12.	Uptown Bar & Grill	Nicole Smith	416 E. Main Street		
13.	White Oak Builders	Dan & Maggie Wegner	14 East Main Street		
14.	Wisconsin 26	Desirae Greco	219 N Fourth Street		
4	Culinary Boutique				