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Effective 3/7/24 Updated 4/30/24

Form
AB-220

Temporary Alcohol Beverage License

Municipality
City of Watertown

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10.00 10 ⁰⁰
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ 28.00 28 ⁰⁰
	Total Fees	\$ 38.00 38 ⁰⁰ 10 ⁰⁰

Part A: Organization Information

1. Organization Name Moose Lodge		
2. Organization Permanent Address 1222 Sunco St		
3. City Watertown WI	4. State WI	5. Zip Code 53098
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0734152	8. Date of Organization/Incorporation 10-10-1923	9. State of Organization/Incorporation Wisconsin
10. Phone 920 261 6458	11. Email notessman@ATT.net	
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 checked="" type="checkbox"/> Lodge/Society <input 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) 456-0000 2487791-02		

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
VAN DYKE	ALLEN	Pres	920-390-9189
TESSMAN	ANDY	VP	920 342 0504
GODFREY	TOM	Treas	920 285 5606
SHIER	WILLIAM	Trustee	920 262 0016
WITTE	NICK	Trustee	920 261 2375

Continued →

Part C: Event Information

1. Name of Event (if applicable) <i>moose Lodge Car Show</i>			
2. Dates of Operation <i>6-12-25</i>		3. Hours of Operation <i>5:00 PM - 8:00 PM</i>	
4. Premises Address <i>1222 Jeneau ST</i>			
5. City <i>WATER TOWN</i>		6. State <i>WI</i>	7. Zip Code <i>53098</i>
8. County <i>Dodge</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>WATER TOWN WI</i>		10. Aldermanic District <i>9</i>
11. Organizer of Event (if not the named applicant) <i>Andy Tessman</i>		12. Email and/or Phone Number for Organizer of Event <i>920 342 0504 natessman@ATT.net</i>	
13. Organizer Website		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. <i>Served inside Building + from outside</i> <i>Records Kept in Office</i> <i>No Residence in Building</i>			

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 <i>Tessman</i>		First Name <i>Norman Andrew</i>		M.I.
Title <i>VP</i>	Email <i>natessman@ATT.net</i>		Phone <i>920 342 0504</i>	
Signature <i>Norman Andrew Tessman</i>			Date <i>4-16-25</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>04-29-25</i>	License Number <i>2025-017</i>
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	