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AB-105

Producer Full-Service Retail Sales Application

Date

5/9/24

Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor)

KELLERMEISTER BEVERAGES, LLC

2. Business Name or DBA

BREWFINITY BREWING CO

3. Agent Name

CHAD OSTRAM

4. FEIN

47-5354872

5. Wisconsin Seller's Permit Number

456-1028904632-02

6. Wisconsin Producer Permit Number

309-1028904632-09

7. Producer Type



Brewery



Winery



Liquor Manufacturer/Rectifier

8. Contact Person's First Name

CHAD

9. Last Name

OSTRAM

10. M.I.

R

11. Contact Person's Phone

2622712701

12. Contact Person's Email

chad@brewfinitybrewing.com

Part B: Production Quantity

Note: Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery

☐ Less than 250 barrels☒ 250 - 2,499 barrels☐ 2,500 - 7,499 barrels☐ 7,500 or more barrels

Manufacturer/Rectifier

☐ Less than 1,500 liters☐ 1,500 - 4,999 liters☐ 5,000 - 34,999 liters☐ 35,000 or more liters

Winery

☐ Less than 1,000 gallons☐ 1,000 - 4,999 gallons☐ 5,000 - 24,999 gallons☐ 25,000 or more gallons

Calendar year: 2023

Quantity: 415

Calendar year:

Quantity:

Calendar year:

Quantity:

Complete only ONE of Part C, D or E.

Part C: Request for Full-Service Retail Sales at the Production Premises

1. Start Date

2. Production Premises Address

3. City

4. State

5. Zip Code

6. County

7. Governing Municipality ☐ City ☐ Town ☐ Village
of: _____

Part D: Request for Fixed Full-Service Retail Outlet

1. Are you transferring one fixed full-service retail outlet to a new location? ☐ Yes ☐ No
If yes, complete boxes 2 through 9.

2. Current Outlet Name

3. Current Outlet Premises Address

4. City

5. State

6. Zip Code

7. County

8. Governing Municipality ☐ City ☐ Town ☐ Village
of: _____

9. Premises Phone Number

Continued →

Part D: Request for Fixed Full-Service Retail Outlet (Cont.)**New Fixed Retail Outlet Information (complete boxes 10 through 23)**

10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City	14. State	15. Zip Code	
16. County	17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		18. Premises Phone Number
19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, 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.			
20. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. What alcohol beverages will be offered for sale? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) . . . <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

Part E: Request for Unlimited Transfer Full-Service Retail Outlet

1. Name of Event (if applicable) SOUNDS OF SUMMER CONCERT SERIES		
2. Dates of Operation (attach a schedule, if necessary) 06/15/24		3. Hours of Operation 5PM - 9PM
4. Premises Address BENTZIN FAMILY TOWN SQUARE, 1W. MAIN 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. Organizer of Event (if not the named applicant) STEPHANIE JUHL	11. Email and/or Phone Number for Organizer of Event SJUHL@WATERTOWNWI.GOV	
12. Organizer Website	13. Event Website	
14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, 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. The event will be held outside in the park. The Brewfinity van and dispensing trailer will be used with records stored in the van for the duration of the event. A 50'x50' square perimeter off of the side of the beer trailer is where alcoholic beverages will be sold.		
15. On-Site Contact (Last Name, First Name) OSTRAM, CHAD	16. On-Site Contact Phone 2622712701	17. On-Site Contact Email chad@brewfinitybrewing.com
18. Will you operate a restaurant on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. What alcohol beverages will be offered for sale? (check all that apply) <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
21. How will customers be served? (check all that apply) . . . <input type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption		

Part F: Attestation

Who must sign this application?

- sole proprietor
- general partner of a partnership
- corporate officer
- member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, 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 business and not on behalf of any other individual or entity seeking the authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin 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.

Signature



Date

5/9/24

Last Name

OSTRAM

First Name

CHAD

M.I.

R

Title

OWNER/MEMBER

Email

chad@brewfinitybrewing.com

Phone

2622712701

Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)1. Will the municipality limit the scope of alcohol beverages offered for sale? ☐ Yes ☐ No2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? ☐ Yes ☐ No

3. Describe municipal restrictions indicated in questions 1 or 2 above.

4. Last Name of Municipal Official

5. First Name

6. M.I.

7. Signature of Municipal Official

8. Date

9. Date Application was Filed with Clerk

10. Date Full-Service Retail Outlet Approved by Governing Body