

Temporary Alcohol Beverage License

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

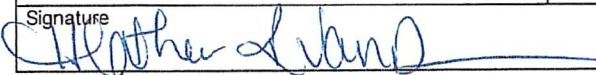
Part A: Organization Information		
1. Organization Name Watertown Humane Society		
2. Organization Permanent Address 418 Water Tower Ct.		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-1097337	8. Date of Organization/Incorporation 07/01/76	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-1270	11. Email manager@whsadopt.org	
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) 456-0000318045-02		

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
VanDam	Heather	Executive Director	(920) 261-1270
Bocher	Kendall	Board President	(920) 988-0900
Grauer	Tammy	Board Vice President	(920) 894-8695
Hendricks	Sara	Board Secretary	(920) 988-5555
Chaney	Dorothy	Board Treasurer	(773) 372-3555

Continued →

Music on Main Updated Location

Part C: Event Information			
1. Name of Event (if applicable) Music On Main			
2. Dates of Operation 10- 18 -2026 10/17/26		3. Hours of Operation 11am-4pm 5pm-9pm	
4. Premises Address 1 West 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) Heather VanDam		12. Email and/or Phone Number for Organizer of Event manager@whsadopt.org	
13. Organizer Website www.whsadopt.org		14. Event Website n/a	
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. The beer will be purchased from a distributor and kept in the beer cooler next to the sidewalk. The beer will sold from the cooler on the sidewalk on the square. The beverage consumers will be allowed to carry their beer around Bentzin Square. The beer will not be allowed outside the designated area by the music shell on Bentzin Square.			

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 VanDam	First Name Heather	M.I. R
Title Executive Director	Email manager@whsadopt.org	Phone (920) 261-1270
Signature 		Date 09/21/26

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 9-10-26	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

South View

Watertown, Wisconsin - Google Maps - 100 S Water St - Google Maps

google.com/maps/@43.1942506,-88.7260995,3a,90y,148.99h,87.32t/data=!3m7!1e1!3m5!1suy5a4SrplyMS6fOsjmD-sgl2e0!6shttps%3F%2Fstreetviewpixels-pa.googleapis.com%2Fv1%2Fthumb...

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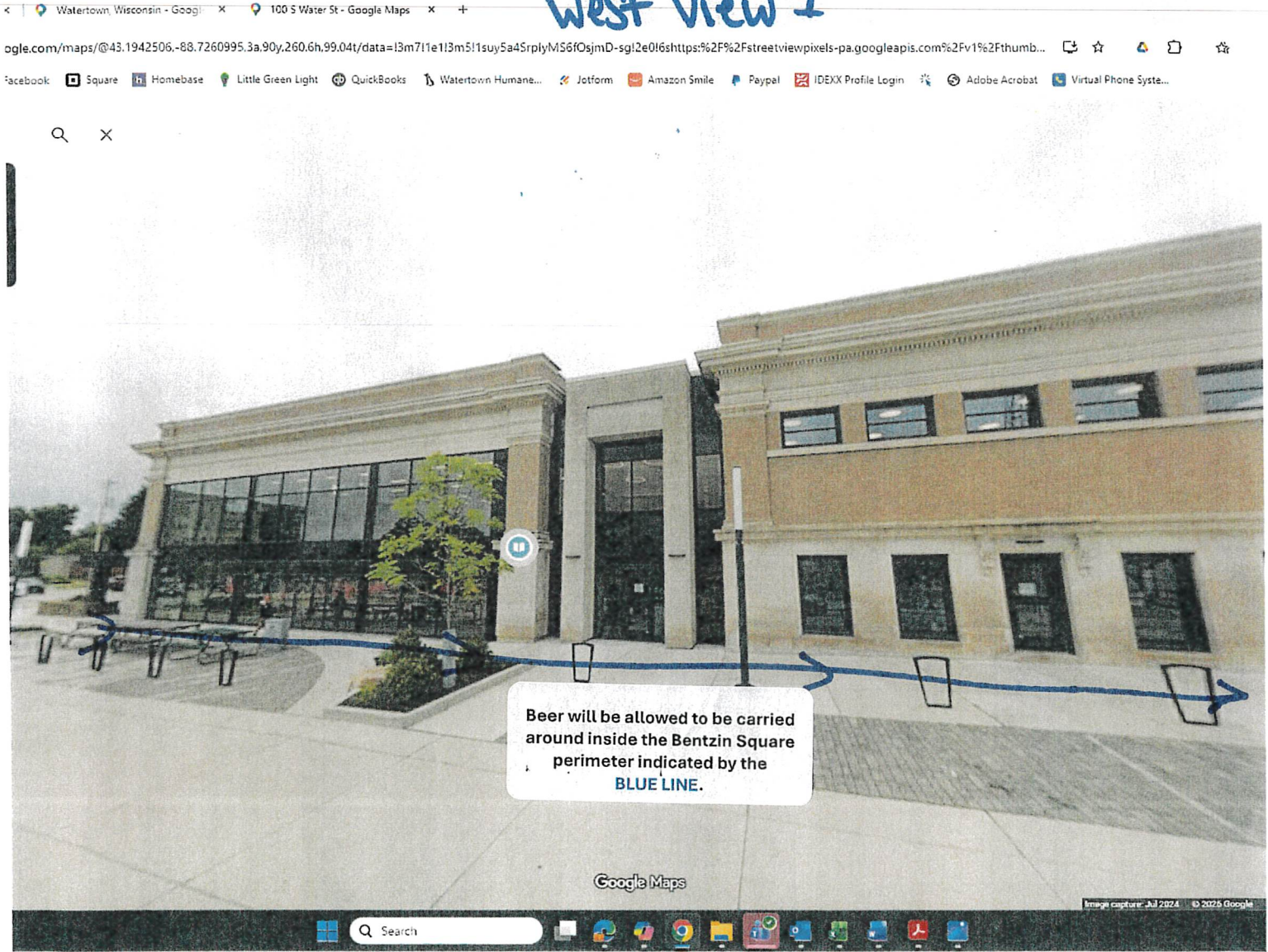
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West View 1



West View 2

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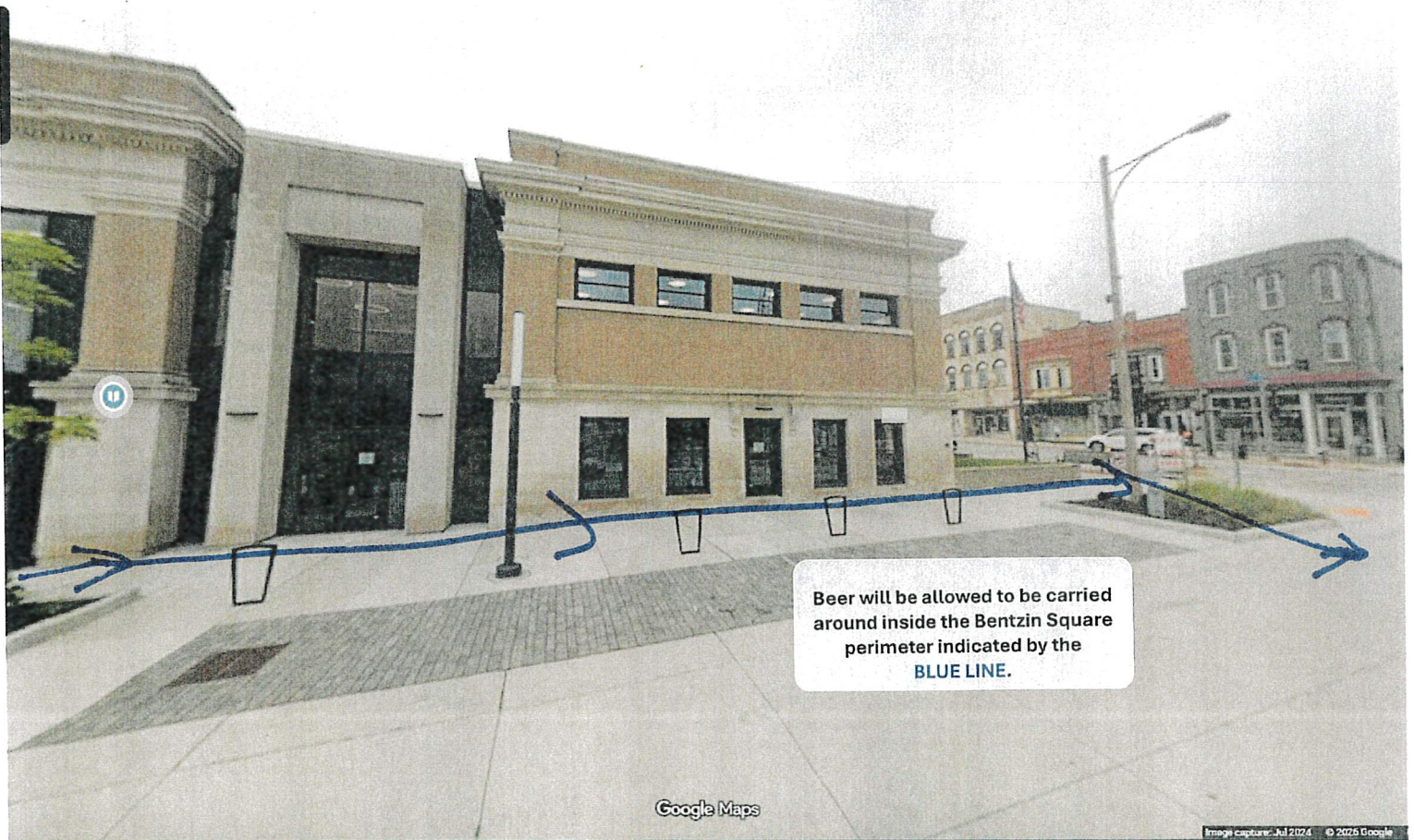


Image captured Jul 2024 © 2025 Google

🔍 Search

North View

Watertown, Wisconsin - Google Maps

Google.com/maps/@43.1942506,-88.7260995,3a.90y,4.38h,72.59t/data=!3m7!1e1!3m5!1suy5a4SrplyMS6fOsjmD-sgl2e0!6shttps://2F%2Fstreetviewpixels-pa.googleapis.com%2Fv1%2Fthumbn...

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East View

Watertown, Wisconsin - Google Maps x 100 S Water St - Google Maps x +

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