AB-220

Temporary Alcohol Beverage License

Municipality
C. Water Town

License(s) Requested		F	ees	
		License Fees	\$	10.00
Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$	10.00
- a		Total Fees	\$	10.00

Part A: Organization Information	ation		
1. Organization Name Natertown A	vea Chamber 81	f Commerce	
2. Organization Permanent Address	- 1		·
519 & Main	86		
3. city Watertown		4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)		
		a i y	
39-0689225	8. Date of Organization/Inco	9. State of Organi	zation/Incorporation
10. Phone	11. Email	1 10 10	
916-261-632	o infocuose	Awn chamber, co	
12. Organization type (check one)			
☐ Bona Fide Club	Church	n/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 Informatio	n		
List the name, title, and phone nu (Form AB-100) for each person lis	mber for all officers, directors, and atted below. Attach additional sheets	agent of the organization. Include a if necessary.	n Individual Questionnaire
Corporations must also include Al	cohol Beverage Appointment of Age	ent (Form AB-101).	, +1.4 .
Last Name	First Name	Title	Phone
Wagner	Cassardia	Board Chair	926-988-7577
Larson	Allen	Vice Chair	262-434-0027
VanErt	Bridget	Vice Chair	920-248-1158-
Juhnson	Jennifor	Secretary	608-857:5565
Peucy	Linden	Executive Direktor	414-303-
U			

Part C: Event Information	
1. Name of Every (if applicable) The Howal Wine Walk	
2. Dates of Operation 9125/25	3. Hours of Operation 4:30 - Spm
4. Premises Address - 209 & Main St	
5. City Natertown	6. State 7. Zip Code 5309 4
8. County 9. Governing Municipality of: Watthou	
11. Organizer of Event (if not the named applicant) 12.	Email and/or Phone Number for Organizer of Event
	info C wortertown (namber cun
	atetun (namber (om/wine well)
15. Premises Description - Describe the building or buildings and stored, or consumed, and related records are kept. Describe	any outside areas where alcohol beverages and records are sold, all rooms within the building, including living quarters. Authorized only on the premises described in this application. Attach a map
Retail Sales floor, firs	st flar only.
	insido
Part D: Attestation	η
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 applica seeking the license. Further, I agree that the rights and responsi	v, I have answered each of the above questions completely and ant organization and not on behalf of any other individual or entity ibilities conferred by the license(s), if granted, will not be assigned
	he law, including but not limited to, purchasing alcohol beverages access to any portion of a licensed premises during inspection will
	lemeanor and grounds for revocation of this license. I understand
	be void under penalty of state law. I further understand that I may
be prosecuted for submitting false statements and affidavits in confidence provides materially false information on this application may be	onnection with this application, and that any person who knowingly required to forfeit not more than \$1,000 if convicted.
Peacy First	I Name M.I.
Executive Director Linder	Rwatetown Chamber 926-261-636
Signature	Date 6/24/25
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
07-01-25	2025-033
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	ž.

AB-220

License(s) Requested

Temporary Alcohol Beverage License

Municipality
C. Waterfown

Fees

		License Fees	\$ 10.00
Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$ 10.00
	*	Total Fees	\$ 10.00
i de la companya de l			
art A: Organization Information		*	
Natertown Avea	Chamber of Cum	merc-e	
S19 E Main H			
Natertown .			Zip Code 3094
. Mailing Address (if different from permaner	nt address)	wi .	rea Si
	na i	8.*	
39-068925	8. Date of Organization/Incorporation 8/20/19/20	9. State of Organizatio	n/Incorporation
0. Phone 916-261-6370	11. Email In fo cwater two C	ramber, con	
2. Organization type (check one)			
☐ Bona Fide Club ☐ Churc	ch	ciety	Organization
☐ Lodge/Society Cham	ber of Commerce or similar Civic or Trade O	rganization under ch. 18	31, Wis. Stats.
3. Is this organization required to hold a	Wisconsin Seller's permit?		🗆 Yes 📉 No
4. Wisconsin Seller's Permit Number (if applic	cable)		
art B: Individual Information			

Corporations must also include A	Icohol Beverage Appointment of Age	ent (Form AB-101).	
Last Name	First Name	Title	Phone
Wagner	Cassardra	Board Chair	920-988-7577
Larsan	Allen	Vice Chair	262-434-60I
Van Ert	Bridget	Vice Chair	920-248-1155-
Luhnson	Jennifor	Secretary	608-857:5565
Peary	Linden	Executive Director	414-303-

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.

Part C. Event Information	
Part C: Event Information 1. Name of Event (if applicable)	
9th Annual Wine Walk	
2. Dates of Operation 9125/25	3. Hours of Operation 4:30 - Spm
Brodow gewlers 217 E	Main 84
Watertown	6. State 7. Zip Code 5309 4
8. County 9. Governing Municipalit of: Nathou	
	. Email and/or Phone Number for Organizer of Event
	info C worter town (namber com
	Event Website
	atertunchamber com wine well
stored, or consumed, and related records are kept. Describe	any outside areas where alcohol beverages and records are sold, all rooms within the building, including living quarters. Authorized only on the premises described in this application. Attach a map
Retail Sales floor, firs	St flows and a
The core on the time	or nor or it
	102100
Part D: Attestation	
Who must sign this application?	
one officer or director of the nonprofit organization	
	u. I have answered each of the chave questions completely and
truthfully. I agree that I am acting solely on behalf of the application seeking the license. Further, I agree that the rights and responsing to another individual or entity. I agree to operate according to the from Wisconsin-permitted wholesalers. I understand that lack of the deemed a refusal to allow inspection. Such refusal is a misdenian seemed a refusal to allow inspection.	w, I have answered each of the above questions completely and ant organization and not on behalf of any other individual or entity ibilities conferred by the license(s), if granted, will not be assigned the law, including but not limited to, purchasing alcohol beverages 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
	onnection with this application, and that any person who knowingly
	t Name , M.I.
Deach	Inden
Title Email	Phone
GX+CHINE DIPETY linder	Rwatetown Chamber 926-261-636
Signature	Date 6/24/25
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
07-01-25	2025-0324
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

AB-220

Temporary Alcohol Beverage License

Municipality
C. Woterform

License(s) Requested	*		Fees
•	1 × 1	License F	ees \$ 10.00
Temporary "Class B"	Wine Temporary Class	"B" Beer Backgroun	nd Check \$ 10.60
		Total Fee	
*	1 8	· ` ` `	,
Part A: Organization Informa	ation	(a)	
1. Organization Name Natevtown A	vea Chamber of	Commerce	
2. Organization Permanent Address 519 E Main	84		
3. city Watertown		4. Stat	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)		
7. FEIN	8. Date of Organization/Incor	rporation Q State of (Organization/Incorporation
39-0689225	8/20/19Z0	9. State of C	The state of the s
10. Phone 916 - 261 - 637	11. Email	Awschamber	, lom
12. Organization type (check one)	-		
Bona Fide Club	Church Fair Association	n/Agricultural Society	Veteran's Organization
☐ Lodge/Society	Chamber of Commerce or similar (Civic or Trade Organization ur	nder 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	n		
ist the name, title, and phone nu Form AB-100) for each person lis	mber for all officers, directors, and a ted below. Attach additional sheets	agent of the organization. Inclif necessary.	lude an Individual Questionnaire
Corporations must also include Ald	cohol Beverage Appointment of Age	nt (Form AB-101).	
Last Name	First Name	Title	Phone
	<u> </u>		

	5 11		
Last Name	First Name	Title	Phone
Wagner	Cassardia	COUNTY CHILLIP	920-988-7577
Larsan	Allen	Vice Chair	262-434-60C
Van Ert	Bridget	Vice Chair	920-248-1155-
Luhnson	Jennitor	Secretary	608-857:5565
Peur	Linden	Executive Director	11.11 0 -
0		, ,	2 . (

Part C: Event Information	
1 Name of Event (if applicable)	
9th Annual Wine Wall	
2. Dates of Operation 9125/25	3. Hours of Operation 4:30 - Spm
4 Premises Address Shoes - 212 E	Main 8t
5. City Water town	6. State 7. Zip Code 5309 4
8. County 9. Governing Municipal of: Watth	
	12. Email and/or Phone Number for Organizer of Event
Watertown Elea Chamber	info C water town (namber con
13. Organizer Website Wateflown Chamber. Com	Nate (tun Chamber Com wine wall
	and any outside areas where alcohol beverages and records are sold,
stored, or consumed, and related records are kept. Descril	be all rooms within the building, including living quarters. Authorized bour only on the premises described in this application. Attach a map
Retail Sales floor, fi	CST floor and
1 c. occ ociti most, 11	ior has one
	inside
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 app seeking the license. Further, I agree that the rights and respo to another individual or entity. I agree to operate according t from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a m that any license issued contrary to Wis. Stat. Chapter 125 sh	law, I have answered each of the above questions completely and plicant organization and not on behalf of any other individual or entity possibilities conferred by the license(s), if granted, will not be assigned to the law, including but not limited to, purchasing alcohol beverages to faccess to any portion of a licensed premises during inspection will nisdemeanor and grounds for revocation of this license. I understand hall be void under penalty of state law. I further understand that I may n connection with this application, and that any person who knowingly be required to forfeit not more than \$1,000 if convicted.
Last Name P	First Name M.I.
Title	Phone
4xectine brector lind	eve watertown Chamber 926-261-636
Signature	Date 6/24/25
	*; *
Part E: For Clerk Use Only	,
Date Application Was Filed With Clerk	License Number
07-01-25	2015-035
Date License Granted	Date License Issued
Signature of Clark/Deputy Clark	
Signature of Clerk/Deputy Clerk	5.

AB-220

Temporary Alcohol Beverage License

Municipality
C. Watertown

License(s) Requested		F	ees		
		License Fees	\$	· w.	10.00
Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$,	10.00
, at		Total Fees	\$	1 1 8 1	10.00

Part A: Organization Inform	ation		
1. Organization Name	vea Chambers	f Commo(so	
2. Organization Permanent Address	THE CHAINBON O	t Commerce	
519 & Main	&L		
3. City		4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)	WI	55074
o. Maning Address (if different from pe	ermanent address)		
7. FEIN	8. Date of Organization/Inco		zation/Incorporation
39-008925	8/20/1920	ω	
10. Phone 916-261-637	11. Email	exturnichamber, co	()
12. Organization type (check one)	0 111100000000	riwinchourger, co	
	Church	on/Agricultural Society	ran's Organization
☐ Lodge/Society	Chamber of Commerce or similar	Civic or Trade Organization under c	h. 181, Wis. Stats.
V			N.O.
13. Is this organization required to	hold a Wisconsin Seller's permit?		Yes X No
14. Wisconsin Seller's Permit Number	(if applicable)		
Part B: Individual Informatio	n		
		agent of the organization. Include a	n Individual Ougatiannaira
	ted below. Attach additional sheets		ii individual Questionnaire
Corporations must also include Al	cohol Beverage Appointment of Age	ent (Form AB-101).	g + 1 p 1
Last Name	First Name	Title	Phone
Mana	Cassardia	Board Chair	920-988-7572
Mugiki	Cascara	board Chair	011
Larsan	Allen	VICE Chair	dol- 434-6027
Van Ert	Bridget	Vice Chair	920-248-1155-
Luhnson	Jennifor	Secretary	608-8575565
Pruch	Linden	Executive Direction	414-303-
0			

Continued → 70 PF

Part C: Event Information	
1 Name of Event (if applicable)	
9th Annual Wine Walk	
2. Dates of Operation 9125/25	3. Hours of Operation 4:30 - Spm
4. Pramises Address CENTVAL BIOLL - 300 EN	1ain 87
5. City	6. State 7. Zip Code
Watertown	WI 03094
8. County 9. Governing Municipality of: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7
	Email and/or Phone Number for Organizer of Event
	info C wortertown (namber cun
	ateltus Chamber Com wine well
15. Premises Description - Describe the building or buildings and	any outside areas where alcohol beverages and records are sold,
	all rooms within the building, including living quarters. Authorized only on the premises described in this application. Attach a map
Retail Sales floor, firs	st there and
	or that diff
	0.01
,	11/210CO
Part D: Attestation	
Who must sign this application?	
one officer or director of the nonprofit organization	
	v, I have answered each of the above questions completely and
truthfully. I agree that I am acting solely on behalf of the applica	ant organization and not on behalf of any other individual or entity
	ibilities conferred by the license(s), if granted, will not be assigned he law, including but not limited to, purchasing alcohol beverages
	access to any portion of a licensed premises during inspection will
be deemed a refusal to allow inspection. Such refusal is a misd	demeanor and grounds for revocation of this license. I understand
	be void under penalty of state law. I further understand that I may onnection with this application, and that any person who knowingly
provides materially false information on this application may be	
Last Name First	t Name . M.I.
Title Email	Phone
GX-ective Director linder	Rwatetown Chamber 926-261-636
Signature	C/24/25
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
07-01-25	2025-036
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	
5	

AB-220

Temporary Alcohol Beverage License

Municipality
C. Wotertown

License(s) Requested			Fees
	A	License Fees	\$ 10.00
Temporary "Class B"	Wine Temporary Class	s "B" Beer Background Cl	heck \$ 10.00
4		Total Fees	\$ 10.00
4.5	٠,	4).	
Part A: Organization Inform	ation	A STATE OF THE STA	
Nater town A	Wea Chambers	f Commerce	
2. Organization Permanent Address	C 1		* :
519 E Main	25		
Watertown '		4. State	5. Zip Code 53094
Mailing Address (if different from policy)	ermanent address)		
7. FEIN - 0689225	8. Date of Organization/Inco	9. State of Organ	nization/Incorporation
10. Phone	11. Email		
910-261-63Z	o Info chate	exturn chamber, c	om
12. Organization type (check one)			
☐ Bona Fide Club	Church Fair Association	on/Agricultural Society	eran'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 Informatio	'n		
	umber for all officers, directors, and sted below. Attach additional sheets		an Individual Questionnaire
Corporations must also include Al	Icohol Beverage Appointment of Ag	ent (Form AB-101).	
Last Name	First Name	Title	Phone
Wagner	Cassandra	Board Chair	926-988-7577
Larsan	Allen	Vice Chair	262-434-00 920-248-1158-
VanErt	Bridget	Vice Chair	920-248-1155-
	N a D a	C a cal	(008 - 957 -

Part C: Event Information	
1 Name of Event (if applicable)	
9th Annual Wine Walk	_
2. Dates of Operation 9125/25	3. Hours of Operation 4.30 - Spin
4. Premises Address Dracyers foral alx	E Main 87
5. City Watertown	6. State 7. Zip Code 5309 4
8. County 9. Governing Municipality of: Watthout	wh 4
11. Organizer of Event (if not the named applicant) 12	2. Email and/or Phone Number for Organizer of Event
Watertown Elrea (namber	info C watertown (namber com
	bateltun Chamber Com/ wine wall
 Premises Description - Describe the building or buildings and stored, or consumed, and related records are kept. Describe 	any outside areas where alcohol beverages and records are sold, all rooms within the building, including living quarters. Authorized r only on the premises described in this application. Attach a map
Retail Sales floor, fir	St floor color
The same sailed week, the	or non one
,	
	175100
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 applic seeking the license. Further, I agree that the rights and respons to another individual or entity. I agree to operate according to t from Wisconsin-permitted wholesalers. I understand that lack of be deemed a refusal to allow inspection. Such refusal is a misc that any license issued contrary to Wis. Stat. Chapter 125 shall	w, 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 fraccess to any portion of a licensed premises during inspection will demeanor and grounds for revocation of this license. I understand the 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.
Peacus	Name M.I.
Exective Director Linder	Ruatetown Chamber 926-261-636
Signature	Date 6/24/25
Part E: For Clerk Use Only	• • • • • • • • • • • • • • • • • • • •
Date Application Was Filed With Clerk	License Number
07-01-25	2025-037
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

AB-220

Temporary Alcohol Beverage License

Municipality
C. Watertown

License(s) Requested	7 ·		TOTAL PROPERTY OF THE PARTY OF		Fees
_				License Fees	\$ 10.00
Temporary "Cla	ass B" Wine	☐ Temporary Class	s "B" Beer	Background Che	eck \$ 10.00
				Total Fees	\$ 10.00
		± £	77		
Part A: Organization In	formation	ž	-		2 1
1. Organization Name Natter town	Avea a	hamber 8.	f Comm	nerce	
2. Organization Permanent Add		. A.		Key .	* ;
3. City Watertown	,			4. State	5. Zip Code 53094
6. Mailing Address (if different	rom permanent address	s)	*		* *** E.
7. FEIN	la D-				
39-06892		ate of Organization/Inco	rporation	9. State of Organiz	zation/Incorporation
10. Phone	11. E	mail	A .		
916-261-6:	370 In	Fo Cwate	rtwisch	amber, coi	m
2. Organization type (check of	ne)				
☐ Bona Fide Club	Church	Fair Association	n/Agricultural Soci	iety 🗌 Veter	an's Organization
☐ Lodge/Society	Chamber of C	Commerce or similar	Civic or Trade Org	ganization under ch	ո. 181, Wis. Stats.
3. Is this organization requi	ed to hold a Wiscons	in Seller's permit?			🗆 Yes 📉 No
14. Wisconsin Seller's Permit N	umber (if applicable)				
Part B: Individual Inforr	nation				
ist the name, title, and pho Form AB-100) for each pers				nization. Include ar	ı Individual Questionnaire
Corporations must also inclu	ude Alcohol Beverage	Appointment of Age	ent (Form AB-101)).	1
ast Name	First Name		Title		Phone
Nagner	Cassard	ira	Board (Chair	920-988-7577
Larsan	Allen		Vice Ch	nair	7162-434-6
Van Gat	Bridge		Vice che	aic	920-248-1155

Doub C. Event Information	
Part C: Event Information 1. Name of Event (if applicable)	
9th Annual Wine Walk	
2. Dates of Operation 9125/25	3. Hours of Operation 4:30 - Spin
4. Premises Address OS World - Kunz Financia -	IR W. Main 8+
5. City Natertown	6. State 7. Zip Code 5309 4
8. County 9. Governing Municipality of: Wathout	
11. Organizer of Event (if not the named applicant) 12	2. Email and/or Phone Number for Organizer of Event
Waterrown they (namber	into C wortertown (namber com
13 Organizer Website	Latertwebsite Datertung Chamber Com/ wine would
	I any outside areas where alcohol beverages and records are sold,
stored, or consumed, and related records are kept. Describe	e all rooms within the building, including living quarters. Authorized in only on the premises described in this application. Attach a map
Retail Sales floor, fir	St they and
	or the drift
,	175100
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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 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 or be deemed a refusal to allow inspection. Such refusal is a misthat any license issued contrary to Wis. Stat. Chapter 125 shall	w, 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 f 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 Firs	Name M.I.
Title Email	Phone
axecutive Director linde	Ruatetown Chamber 926-261-630
Signature	Date 6/24/25
	orales.
	1
Part E: For Clerk Use Only	I Company
Date Application Was Filed With Clerk	License Number
07-01-25 Date License Granted	V025-038 Date License Issued
Sale Liberton Granted	Zato Zioonioo ioodod
Signature of Clerk/Deputy Clerk	1

AB-220

Temporary Alcohol Beverage License

Municipality C. Woter 10wn

License(s) Requested		Fe	ees	, v
	3 2 6 6 2	License Fees	\$	10.00
Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$	10.00
4		Total Fees	\$	10.00
	:			2.5

		71'		
Part A: Organization Inform	nation			
1. Organization Name	1. (1. 1	1		
Natertown ?	Avea Chambers	t Comm	nerce	
2. Organization Permanent Address: 519 E Mair	S CA		No. 3	
3. City Watertown			4. State	5. Zip Code 53094
6. Mailing Address (if different from	permanent address)			

39-068922°	8. Date of Organization/Inc 8/12/1920	orporation	9. State of Organ	ization/Incorporation
10. Phone	11. Email	1	1 -	
916-261-637	20 Info cwate	ertoursch	amber, Lo	
12. Organization type (check one)				
☐ Bona Fide Club	☐ Church ☐ Fair Associati	on/Agricultural Soci	ety 🗌 Vete	eran's Organization
☐ Lodge/Society	Chamber of Commerce or similar	r Civic or Trade Org	janization under d	ch. 181, Wis. Stats.
				Α
13. Is this organization required t	to hold a Wisconsin Seller's permit? .			Yes No
14. Wisconsin Seller's Permit Number	er (if applicable)			
Part B: Individual Informati	ion			
	number for all officers, directors, and listed below. Attach additional sheets		nization. Include a	an Individual Questionnaire
	Alcohol Beverage Appointment of Ag	•,		. *
Last Name	First Name	Title		Phone
Lastivanie	T its inditie	O Title		0 11-066 - 7-
Wagner	Cassandra	board (hair	700-700-4577
Larsian	Allen	Vice Ch	mie	262-434-00
Vicio Cat	Bridget	11.	216	920-248-1155-
Van Ert	DELOISE	VICE Cha	~] (, , 1109
Juhnson	Jennifor	Secreta	19	608-857-556
Peary	Linden	Execution	e Director	414-303-
O				

Part C: Event Information	
1 Name of Event (if applicable)	,
9th Annal Wine Walk	
2. Dates of Operation	3. Hours of Operation
9128/25	4:30 - 8pm
Sasy Sweets-902 N W	otec St. 116 W. Main St.
5. City	6. State 7. Zip Code
8. Sounty 9. Governing Municipality	ity City Town Village 10. Aldermanic District
Jefferson of Watther	Viage 10.7 de l'inage
11. Organizer of Event (if not the named applicant) 12	2. Email and/or Phone Number for Organizer of Event
Watertown thea Chamber	info C wortertown (namber com
13. Organizer Website	I. Event Website
	satertung Chamber Com/ wine well
stored, or consumed, and related records are kept. Describe	I any outside areas where alcohol beverages and records are sold, all rooms within the building, including living quarters. Authorized r only on the premises described in this application. Attach a map
Rotain Salar Anna Dia	0 12
Retail Sales floor, fir	of the only
*	in Sid o
	77 1010-00
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 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 misc that any license issued contrary to Wis. Stat. Chapter 125 shall	w, 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 to be void under penalty of state law. I further understand that I may connection with this application, and that any person who knowingly a required to forfeit not more than \$1,000 if convicted.
	Name M.I.
Title () Fmail	Inden
Exectine Director linder	Ruatetown Chamber 926-261-636
Signature	6/24/25
Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
07-01-25	2025-039
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

AB-220

Temporary Alcohol Beverage License

Municipality C. Water to wn

				4.
License(s) Requested		Fe	ees	w. The second second
		License Fees	\$.	10.00
Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$	10.00
4		Total Fees	\$	10.00

Part A: Organization Info	adian		
Part A: Organization Inform 1. Organization Name		# · · · · · · ·	
Natertown +	trea Chambers	f Commerce	
2. Organization Permanent Address	ca		
519 & Main	25		
Watertown "		4. State	5. Zip Code 53094
6. Mailing Address (if different from p	permanent address)		
		6.4	
39-0089225	8. Date of Organization/Inc	9. State of Organ	nization/Incorporation
10. Phone	11. Email	1 10	
916-261-63Z	o infocuos	exturn chamber, co	Or .
12. Organization type (check one)			
Bona Fide Club	☐ Church ☐ Fair Associati	on/Agricultural Society	eran's Organization
☐ Lodge/Society	Chamber of Commerce or simila	r Civic or Trade Organization under	ch. 181, Wis. Stats.
V			Λ α
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	on		
	umber for all officers, directors, and sted below. Attach additional sheet	d agent of the organization. Include s if necessary.	an Individual Questionnaire
Corporations must also include A	Icohol Beverage Appointment of Aç	gent (Form AB-101).	, *'a 5
Last Name	First Name	Title	Phone
Waaner	Cassandra	Board Chair	926-988-7577
7.0	Α		212 - 4711
Larsan	Allen	Vice Chair	000 757 - 60T.
Van Ert	Bridget	Vice Chair	920-248-1158-
Luhnson	Dennifor	Secretary	608-8575565
000		GI 1 0 41	414-303-
Macy	Linden	TXCative pirelto	2079
O	٠, ١		

 $\textit{Continued} \rightarrow$

D 10 5 11 5 11	
Part C: Event Information	
1. Name of Event (if applicable) The Howal Wine Walk	
2. Dates of Operation 9125/25	3. Hours of Operation 4:30 - Spm
1. Premises Address WHE OUR Builders - 14	E Main 8t
5. City Water town	6. State 7. Zip Code 5309 4
8. County 9. Governing Municipality of: Wattow	
	2. Email and/or Phone Number for Organizer of Event
Watertown Elrea (namber	info C wortertown (namber com
	sate (tun (ramber (on / wine well
15. Premises Description - Describe the building or buildings and	any outside areas where alcohol beverages and records are sold,
	all rooms within the building, including living quarters. Authorized r only on the premises described in this application. Attach a map
Retail Sales floor, fir	St floor only
,	2001
	11/31000
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
	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
	f 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
be prosecuted for submitting false statements and affidavits in c	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 Firs	t Name M.I.
reacy	Inden
Email Linder	Ruatetown Chamber 926-261-636
Signature	Date 6/24/25
	01212
	.1
Part E: For Clerk Use Only	License Number
Date Application Was Filed With Clerk	License Number 2025 - 040
Date License Granted	Date License Issued
	2.50 1.50 1.50 1.50 1.50 1.50 1.50 1.50 1
Signature of Clerk/Deputy Clerk	