

## Temporary Alcohol Beverage License

Municipality  
Watertown

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ 7.00
	<b>Total Fees</b>	<b>\$ 17.00</b>

pol. 6116

## Part A: Organization Information

1. Organization Name St Henry Congregation		
2. Organization Permanent Address 412 N. 4th Street		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0844646	8. Date of Organization/Incorporation	9. State of Organization/Incorporation WI
10. Phone (920) 261-7273	11. Email jwolf@watertowncatholic.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input checked="" type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

## Part B: Individual Information

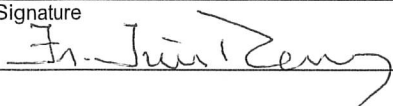
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Renz	Fr. Tim	Vice President	(920) 261-7273

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Watertown Catholic Parish Picinic			
2. Dates of Operation <del>8/18/24</del> 8/17/25 8/18/24		3. Hours of Operation 11:00 - 17:00	
4. Premises Address 412 N. 4th Street			
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. Aldermanic District
11. Organizer of Event (if not the named applicant) Dan and Michelle Wanke		12. Email and/or Phone Number for Organizer of Event dmwanke@att.net	
13. Organizer Website Watertowncatholic.org		14. Event Website watertowncatholic.org	
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.  We will be selling Beer and Hard Selzter at our annual Parish Picinic. The sales will be in our gym and the fenced area of our parking lot.			

<b>Part D: Attestation</b>			
Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 Renz		First Name Fr Tim	M.I. J
Title Vice President	Email fr.timjrenz@gmail.com	Phone (920) 261-7273	
Signature 		Date 8/12/25	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 06-16-2025	License Number 2025-029
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

## **St Therese of Lisieux Parish Picnic- St Henry Campus**

**August 17, 2025**

We are requesting a temporary liquor license to serve alcoholic beverages at our parish picnic. These will be sold in the parish center by a licensed bartender. The fences at the driveways on Cady and Cole Streets will be closed. Festivities for the event will mostly be held within the parish center.