

Temporary Alcohol Beverage License

Municipality

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$ 21 ⁰⁰
	Total Fees	\$ 31⁰⁰

Part A: Organization Information

1. Organization Name
Watertown Rotary Club

2. Organization Permanent Address
PO Box 34

3. City
Watertown

4. State
Wi

5. Zip Code
53094

6. Mailing Address (if different from permanent address)

7. FEIN
39-0689450

8. Date of Organization/Incorporation
Jan 20th, 1925

9. State of Organization/Incorporation
Wisconsin

10. Phone
920-285-2052

11. Email
jpatterson@firstcitizenww.com

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)

Part B: Individual Information

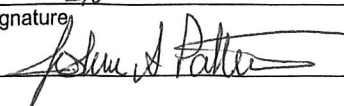
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Patterson	Joshua	President	920-285-2052
Maoh	Joel	Treasurer	920-988-7452
Lang	Dave	Secretary	920-262-2055

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Bentzin Family Town Square - Summer Concert Series			
2. Dates of Operation Sept 6th, 2025		3. Hours of Operation 5pm to 10pm	
4. Premises Address 1 West Main Street			
5. City Watertown		6. State WI	7. Zip Code 53092
8. County Jefferson	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown		10. Aldermanic District 7
11. Organizer of Event (if not the named applicant) Stephanie Juhl		12. Email and/or Phone Number for Organizer of Event sjuhl@watertownwi.gov	
13. Organizer Website www.watertownwi.gov		14. Event Website - watertownwi.gov/park_recreation Facebook Bentzin Family Town Square	
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. Beer tent will be set up as indicated on the map. The beer will be stored in a refrigerated trailer directly behind the tent.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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.</p>			
Last Name Patterson		First Name Joshua	M.I. S
Title President	Email jpatterson@firstcitizenswi.com		Phone 920-285-2052
Signature 		Date 3/31/2025	

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

