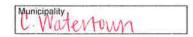


Form

**AB-220** 

## OCT 2 3 2024 Temporary Alcohol Beverage License



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

Part A: Organization Information							
1, Organization Name							
St. Jude Academy INC							
2. Organization Permanent Address							
510 Cole St				v			
3. City Water town			4, State WI	5, Zip Code 53094			
6. Mailing Address (if different from per 307 Henry Ct. W.	aterloo, WI 53594	,					
7, FEIN 8. Date of Organization/Incorporation 9, S				State of Organization/Incorporation			
88-2806195	5/20/2022		Wiscon.	Wisconsin			
10. Phone 11. Email 10.8. 215. 3517 11. Email 12. Stjude academy Camail. Com							
12. Organization type (check one)							
☐ Bona Fide Club ☐	Church	n/Agricultural Socie	ety 🔲 Vete	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 h	nold a Wisconsin Seller's permit?		wanteri kana sa	Yes No			
14. Wisconsin Seller's Permit Number (if applicable)							
Part B: Individual Information	2						
	mber for all officers, directors, and a ted below. Attach additional sheets		ization. Include a	an Individual Questionnaire			
Corporations must also include Ald	cohol Beverage Appointment of Age	nt (Form AB-101).					
Last Name	First Name	Title		Phone			
Getz	Jennifer	Presiden	+	608.215.3517			
Getz	Jennifer Mark	Presiden Secreta	ry	608.669.3665			
			)				

 $Continued \rightarrow$ 

Part C: Event Information							
1. Name of Event (if applicable)							
St. Jude Academy Benefit Event							
2. Dates of Operation			3. Hours of Operation				
12/0/2024			Copm-9pm				
4. Premises Address 5/0 Cole St							
5, City			6. State	7. Zip Code			
Watertown			WI	53094			
8. County	9. Governing Munic	Finality City Town	∐ Village	Aldermanic District			
11. Organizer of Event (if not the named applicar	nt)	12, Email and/or Phone Num	ber for Organizer	of Event			
Jennite Cetz		jactz. stjudeacadem	y egmail. com	608.215.3517			
13. Organizer Website		MVEvent Wedsite / S					
www. Stylde academy info	lding or buildings	· · · · · · · · · · · · · · · · · · ·	re alcohol bevera	ages and records are sold			
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 Bohnsach Hell of Watertown Moravian Church is located in the lower level (1st level) of the							
The Bohnsach Hell of Waterton	an Floravian	-1 00 to of the bu	ulden is on s	the east end.			
west end of the entire structure All Wine will be consumed wi	H. H. B.	the Hall The shad	level of the	building contains			
offices related to watertown Mo	CONA- Chuse	L. The 3-1 level is	used by St	Tude Academy			
for classrooms & By water ton	m Abravian I	Church for some store	ye. There is	an attached			
upper room above the Chun	al that is a	sed for Religious	Ed. or ne	cetings.			
All wine Will be Stored	in Bohnsack	kitchen or the main c	hurch butchess				
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 Getz		Jenni &		M.I. 2			
Title President	Email		ny egmail. com	Phone 608. 215. 3517			
President  Jgetz. St jude academy (gmail. com 608. 215. 3517  Signature  Date  10/23/24							
Jh 22 10/23/24							
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk  License Number							
10/23/2024 2024-057							
Date License Granted		Date License Issued					
Signature of Clerk/Deputy Clerk							