

MAR 05 2025

Form AB-102

# Alcohol Beverage License and Permit Transfer Application

Date 3-5-25

Use this form to transfer a municipally-issued alcohol beverage retail license to a different person. Also use this form to transfer a retail license or a state-issued alcohol beverage permit to another physical location. Submit this form only to the issuing authority.

<b>Transfer Type</b> (check one) <input type="checkbox"/> Person-to-Person (no fee) <input checked="" type="checkbox"/> Place-to-Place (\$10 fee)	
Type of Authorization to transfer (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Issued-Permit	
Name of License/Permit (e.g. "Class A" Liquor or Brewery) Class B	Current License/Permit Number 53

Fees	
Transfer Fees	\$ 10
Publication Fee	\$ 300
Background Check	\$ —
<b>Total Fees</b>	<b>\$ 310</b>

<b>Part A: Current Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) JDTH LLC			
2. Business Trade Name or DBA DEJ Sports Bar			
3. FEIN 84-2602211		4. Wisconsin Seller's Permit Number 456-1030021172-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. Premises Address 301 E Main St			
7. City Watertown		8. State WI	9. Zip Code 53094
10. County Jefferson		11. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Watertown	
12. Premises Phone 920-318-4269		13. Premise Email hellerscellar@yahoo.com	
14. Contact Person Name Jerry Heller		15. Website	
16. Contact Person Phone 920-318-4269		17. Contact Person Email hellerscellar@yahoo.com	

Complete EITHER Part B OR Part C, based on the type of transfer you selected at the top of this form.

<b>Part B: Transfer from Person-to-Person New Business Information</b>	
1. Reason for license transfer (check one) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Foreclosure <input type="checkbox"/> Assignment to Creditor <input type="checkbox"/> Bankruptcy	
2. Legal Business Name of New Licensee (individual name if sole proprietorship)	
3. New Licensee Phone	4. New Licensee Email
5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Has the new licensee completed AB-200? Submit a completed Form AB-200 with this form ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continued →

**Part C: Transfer from Place-to-Place New Premises Information**

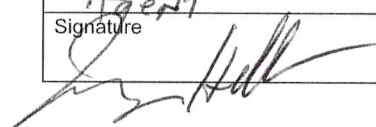
1. New Premises Address 301 East Main			
2. City Watertown		3. State Wi	4. Zip Code 53904
5. New Premises Phone 920-318-4269		6. Premise Email hellerscellar@yahoo.com	
7. New Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and where records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  bar, hall, Basement, Liquor room kitchen area area area  down stair cooler			

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**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 business and not on behalf of any other individual or entity seeking the license or permit. 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 Heller		First Name Jerry		M.I. R.
Title Agent		Email hellerscellar@yahoo.com		Phone 920-318-4269
Signature 			Date 3-5-25	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 03-05-2025		License Number 53	
Date License Granted		Date License Issued	
Signature of Clerk/Deputy Clerk			Date