#### 5th Annual Whiskey and Wine Walk

# Hosted by Watertown Area Chamber of Commerce and Watertown Main Street Program

## April 26<sup>th</sup>, 2025 1-4:30pm

Locations							
<b>Location</b>	<b>Business Name</b>	<u>Contact</u>	<u>Address</u>				
<u>1</u>	Ava's (D)	Amanda Schwefel	209 E. Main Street				
<u>2</u>	Blush Hair Beautique (D)	Kim Grinwald	207 E Main St.				
<u>3</u>	Bradow Jewelers (C)	Susanne Bradow	217 E Main Street				
3	Brown's Shoes (D)	Anthony LeMaster	212 E Main Street				
<u>4</u>	Central Block (D)	Ryan Jones	300 E. Main Street				
<u>5</u>	Don's Corner Pub	Don Frank	501 N 4th Street				
6	Draeger's Floral (D)	Annie Bare & Linda Ebert	616 E. Main Street				
7	Local Waters	Karah Pugh	109 S. 3rd Street				
8	Lyon's Irish Pub	Carol Bohlman	201 E Main Street				
9	Osaka Hibachi Ramen Thai	Harmony	100 E Madison				
10	Rock River Chimney and Fireplace (C)	Tiffany Nehls	216 S 3rd Street				
11	The Chic Boutique ( C ) **	Amber Smith	113 E. Main Street				
12	The Drafty Cellar	Josh Mueller/Alex Savath	110 S. 3rd St.				
13	The Score	Jamie Ellis	300 N 4th St.				
14	Uptown Bar and Grill	Nicole Smith	416 E. Main Street				
15	White Oak Builders ( C )	Dan and Maggie Wegner	14 E. Main St.				

Red font denotes retail locations and black font denotes bar establishments.

Prepackaged food will be available along the walk at retail locations. Bars that serve food will offer special food options for purchase.

<sup>\*\*</sup> The Chic Boutique has license of their own.

Edit list

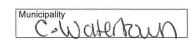
• Private

200 ft I

Map data @2025 Google

**AB-220** 

#### **Temporary Alcohol Beverage License**



License(s) Requested					F	ees		
				Lice	nse Fees	\$		10.00
√ Temporary "Class B" Wine		☐ Temporary Clas	s "B" Beer	Back	ground Check	\$		
				Tota	l Fees	\$	10.	m.
Part A: Organization In	formation							
Organization Name								
Watertown Area (		Commerce					отти <del>е завинициеза</del>	<del></del>
2. Organization Permanent Add 519 E Main St	aress							
3. City					4. State 5.	Zip Cod		996-09-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
Watertown					WI 0.	5309		
6. Mailing Address (if different t	from permanent	address)						
7. FEIN	<del></del>	8. Date of Organization/Inc	corporation	9. St	ate of Organization	on/Incorp	ooration	
39-0689225		08/20/20		W	isconsin			
10. Phone		11. Email						
(920) 261-6320		linden@watert	ownchamber	r.com				
12. Organization type (check o	ne)							
3,1	110)							
☐ Bona Fide Club	Church	☐ Fair Associati	ion/Agricultural S	Society	☐ Veteran	's Orgai	nization	
	☐ Church	☐ Fair Associati er of Commerce or simila	-	-		,=		
☐ Bona Fide Club ☐ Lodge/Society	☐ Church ☑ Chamb	er of Commerce or simila	r Civic or Trade	Organiza	tion under ch. 1	81, Wis		
☐ Bona Fide Club☐ Lodge/Society  13. Is this organization requi	☐ Church ☑ Chamb	er of Commerce or simila	r Civic or Trade	Organiza	tion under ch. 1	81, Wis	s. Stats	
☐ Bona Fide Club☐ Lodge/Society  13. Is this organization requi  14. Wisconsin Seller's Permit N	☐ Church ☑ Chamb red to hold a W	er of Commerce or simila	r Civic or Trade	Organiza	tion under ch. 1	81, Wis	s. Stats	
☐ Bona Fide Club ☐ Lodge/Society  13. Is this organization requi 14. Wisconsin Seller's Permit N  Part B: Individual Inform	Church Chamb red to hold a W lumber (if applica	er of Commerce or simila /isconsin Seller's permit? . ble)	r Civic or Trade	Organiza	tion under ch. 1	81, Wis	S. Stats	√ No
☐ Bona Fide Club ☐ Lodge/Society  13. Is this organization requi 14. Wisconsin Seller's Permit N  Part B: Individual Information the company of the company	Church Chamb red to hold a W lumber (if applica	er of Commerce or simila  /isconsin Seller's permit?  ble)  all officers, directors, and	r Civic or Trade	Organiza	tion under ch. 1	81, Wis	S. Stats	√ No
☐ Bona Fide Club ☐ Lodge/Society  13. Is this organization requi 14. Wisconsin Seller's Permit N  Part B: Individual Information List the name, title, and pho	Church Chamb red to hold a W lumber (if applica mation one number for	er of Commerce or simila /isconsin Seller's permit? ble)  r all officers, directors, and w. Attach additional sheet	r Civic or Trade	Organiza	tion under ch. 1	81, Wis	S. Stats	√ No
Bona Fide Club Lodge/Society  13. Is this organization requi 14. Wisconsin Seller's Permit N  Part B: Individual Information List the name, title, and photo (Form AB-100) for each per	Church Chamb red to hold a W lumber (if applica mation one number for	er of Commerce or simila  /isconsin Seller's permit?  ble)  r all officers, directors, and w. Attach additional sheet  everage Appointment of Age	r Civic or Trade	Organiza	n. Include an Ir	81, Wis	S. Stats  Yes	. ✓ No
□ Bona Fide Club □ Lodge/Society  13. Is this organization requi 14. Wisconsin Seller's Permit N  Part B: Individual Information List the name, title, and photo (Form AB-100) for each per  Corporations must also incle	Church Chamb Chamb Ted to hold a Wallumber (if application Come number for son listed below ude Alcohol Below Company (in the company)  First N	er of Commerce or simila  /isconsin Seller's permit?  ble)  r all officers, directors, and w. Attach additional sheet everage Appointment of Agame	d agent of the ots if necessary.	Organiza	n. Include an Ir	81, Wis	Yes Quest	√ No
Bona Fide Club Lodge/Society  13. Is this organization requi 14. Wisconsin Seller's Permit N  Part B: Individual Information List the name, title, and photoromation (Form AB-100) for each per Corporations must also includes Name	Church Chamb Chamb Ted to hold a Wallumber (if application Cone number for son listed below ude Alcohol Below Labeled First N	er of Commerce or simila  /isconsin Seller's permit?  ble)  r all officers, directors, and w. Attach additional sheet  everage Appointment of Age	d agent of the ots if necessary. gent (Form AB-	Organiza	n. Include an Ir	andividua	Yes  Yes  Quest	No N
Bona Fide Club Lodge/Society  13. Is this organization requi 14. Wisconsin Seller's Permit N  Part B: Individual Information List the name, title, and photo (Form AB-100) for each per Corporations must also includes the Name	Church Chamb Chamb Ted to hold a Wallumber (if application Cone number for son listed below ude Alcohol Below Labeled First N	r all officers, directors, and w. Attach additional sheet everage Appointment of Agame	d agent of the ots if necessary. gent (Form AB-	organization 101).	n. Include an Ir	ndividua  thone  20 -	Yes  Yes  Quest	√ No tionnaire  7577  7577  7575
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Continued  $\rightarrow$ 

Part C: Event Information	
1. Name of Event (if applicable)	
5th Annual Whiskey and Wine Walk	
2. Dates of Operation	3. Hours of Operation
4/26/2025	1-4:30pm
4. Premises Address HValS - 209 E Main St.	
5. City	6. State 7. Zip Code 53094
8. County 9. Governing Municipal of: Wheeler of the control of the	pality City Town Village 10. Aldermanic District
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Organizer of Event
Watertown Alla Phamber  13. Organizer Website	bonnie Cwatertown (hamber, 10m) 14. Event Website
Wortestown Chamber Com	watertown Chamber, con whokey-wir
15. Premises Description - Describe the building or buildings a stored, or consumed, and related records are kept. Descri alcohol beverage activities and storage of records may ocor diagram and additional sheets if necessary.	and any outside areas where alcohol beverages and records are sold, be all rooms within the building, including living quarters. Authorized cur only on the premises described in this application. Attach a map
Avois - letail Sales	floor, 1st floor, inside only
Part D: Attestation	
Who must sign this application?	
<ul> <li>one officer or director of the nonprofit organization</li> </ul>	
truthfully. I agree that I am acting solely on behalf of the app seeking the license. Further, I agree that the rights and respond to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a mathat any license issued contrary to Wis. Stat. Chapter 125 sh	law, I have answered each of the above questions completely and olicant 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 at of access to any portion of a licensed premises during inspection will hisdemeanor and grounds for revocation of this license. I understand hall be void under penalty of state law. I further understand that I may be required to forfeit not more than \$1,000 if convicted.
Last Name	First Name M.I.
	Bonnie
Title Email Executive Director Bonne	Phone (920) 261-6320
Signature	Date 2-3-25
	2 - 5 - 6
Part E: For Clerk Use Only	
Date Application-Was Filed With Clerk	License Number
2/3/25	
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

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**AB-220** 

#### Temporary Alcohol Beverage License

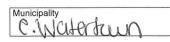
Municipality						1
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	(	11	Cla	Pr	1711	W
	00	W	MV	CI	100	Ħ

License(s) Requested					Fee	5	
				License Fees	\$		10.00
√ Temporary "Cla	ass B" Wine	□ Temporary Clas	s "B" Beer	Background C	heck \$		
				Total Fees	\$	10.	.00Pd
Part A: Organization In	formation						
1. Organization Name							
Watertown Area (		Commerce					
2. Organization Permanent Add	dress						
519 E Main St							
3. City				4. State	5. Zip		
Watertown				WI	53	094	
6. Mailing Address (if different f	rom permanent a	address)					
7. FEIN		8. Date of Organization/Inc	orporation	9. State of Orga	nization/In	corporation	1
39-0689225		08/20/20		Wiscons	in		
10. Phone		11. Email					
(920) 261-6320		linden@waterto	ownchamber.c	om			
12. Organization type (check or	ne)						
☐ Bona Fide Club	☐ Church	☐ Fair Association	on/Agricultural Socie	ety 🗌 Vet	eran's Or	ganizatio	n
☐ Lodge/Society	✓ Chambe	er of Commerce or similar	Civic or Trade Org	anization under	ch. 181,	Wis. Stats	s.
13. Is this organization requir	ed to hold a Wi	sconsin Seller's permit?				☐ Yes	✓ No
14. Wisconsin Seller's Permit Nu	ımber (ır applicad	ne)					1
Company of the Compan							
Part B: Individual Inforn	nation						
List the name, title, and pho (Form AB-100) for each pers				ization. Include	an Individ	lual Ques	tionnaire
Corporations must also inclu	de Alcohol Bev	verage Appointment of Ag	ent (Form AB-101).				
Last Name	First Na	me	Title		Phone		
Woner	Cass	andra	Board (	hair	920	788	7517
Lavson	All		Vice (n		86	2-436	1-0027
Ian Est	Brid	cet	Vice Ch	lik	920	-248	-1155
Johnson		nfer	Secreta	61			2-550
Hertel	Ban	rie	Executive	Direction	1420	-986	-5241

Part C: Event Information	
1. Name of Event (if applicable)	
5th Annual Whiskey and Wine Walk	
2. Dates of Operation	3. Hours of Operation
4/26/2025	1-4:30pm
4. Premises Address, Blush Hair Brautque - 207 8	6. State 7. Zip Code
watertown	WI 53094
8. County 9. Governing Municipa of: WHO CO	lity X City Town Village 10. Aldermanic District
11. Organizer of Event (if not the named applicant)	2. Email and/or Phone Number for Organizer of Event
13. Organizer Website	4. Event Website
Worteflows Chamber, Con	watertown Chambon com Whisley twine
stored, or consumed, and related records are kept. Describe alcohol beverage activities and storage of records may occur or diagram and additional sheets if necessary.	d any outside areas where alcohol beverages and records are sold, e all rooms within the building, including living quarters. Authorized ur only on the premises described in this application. Attach a map
Petail Space, 18t floor	only
	O
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 missible 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 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	st Name M.I. į
	nnie K
Title Email	Phone
Nemotive Control Contr	ratertownchamber.com (920) 261-6320
Signature	Date 2-3-25
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	

**AB-220** 

### **Temporary Alcohol Beverage License**

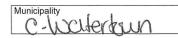


License(s) Requested			Fees					
				Lice	ense Fees	\$		10.00
✓ Temporary "Class	B" Wine	☐ Temporar	/ Class "B" Beer	Bac	kground Check	\$		
				Tot	al Fees	\$	10	(A) C
						2	10-	POO F
Part A: Organization Info	mation							
1. Organization Name								
Watertown Area Ch		Commerce	- 1 - инченува со танкоскияте миссе Анилокия инчистем	***************************************				
2. Organization Permanent Addre	SS							
519 E Main St					- Page 1			
3. City					1	. Zip Co		
Watertown					WI	530	94	
6. Mailing Address (if different from	n permanent :	address)						
7. FEIN		8. Date of Organizat	ion/Incorporation	9. S	tate of Organiza	tion/Inco	rporation	1
39-0689225		08/20/20		V	Jisconsin			
10. Phone		11. Email			1. 000			
(920) 261-6320		linden@wa	tertownchambe:	r.com				
12. Organization type (check one)	<u> </u>							
☐ Bona Fide Club	☐ Church	☐ Fair As	sociation/Agricultural	Society	☐ Vetera	n's Org	anizatio	n
☐ Lodge/Society	☐ Chamb		similar Civic or Trade	-		-		
	V Onamb			- Organiza		, .,		
13. Is this organization required	d to hold a W	isconsin Seller's pe	rmit?	******			☐ Yes	✓ No
14. Wisconsin Seller's Permit Num	ber (if applica	ble)		<u> </u>				
	men (m. en hanea	,						
D. ( D. 1. 10 (1) ()	41 -5							
Part B: Individual Informa								
List the name, title, and phone (Form AB-100) for each perso				organizati	on. Include an	Individ	ual Ques	stionnaire
Corporations must also includ	e Alcohol Be	everage Appointmer	nt of Agent (Form AB-	·101).				
Last Name	First N	ame	Title			Phone		
Wogner	Cass	andya	Boald	Chan		720.	-988	-751
arson	All	en	Vice-	Chai			2-43	COC
Janect	Br	iaget	Vice	Chai		•	-24	55
Johnson	Der	infer	Secre	etav		ods.	-852	7-55

Part C: Event Information	
Name of Event (if applicable)	Hiller Black and a set to health a land the set the land and the land to the land and the land a
5th Annual Whiskey and Wine Walk	i i
2. Dates of Operation	3. Hours of Operation
4/26/2025	1-4:30pm
4. Premises Address	E 11. 84
	E Main St.
5. City	6. State 7. Zip Code
Materious	W   50099
8. County 9. Governing Municipal of: NOTE XT	ity City Town Village 10. Aldermanic District
	2. Email,and/or Phone Number for Organizer of Event
A	some Purater Town chamber, can
	E. Event Website
Wortestown Chambol com	Jatettown champer com/ whistour-wi
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
or diagram and additional sheets if necessary.	r only on the premises described in this application. Attach a map
	2. 0
Bradous - rotar O sales f	100R - 1st floor only, inside
Division 16 love 20012 1	1 1101 3/11/04
Part D: Attestation	
Who must sign this application?	Ariana, and a second a second and a second a
one officer or director of the nonprofit organization	
· -	w, I have answered each of the above questions completely and
truthfully. I agree that I am acting solely on behalf of the applic	ant 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 faccess to any portion of a licensed premises during inspection will
be deemed a refusal to allow inspection. Such refusal is a mis	demeanor and grounds for revocation of this license. I understand
	be void under penalty of state law. I further understand that I may
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.
	,
And the state of t	tt Name M.I.
	nnie
Title Email Executive Director Bonne@w	Atertownchamber.com Phone (920) 261-6320
Signature	Date Date
	2-3-25
Part E: For Clerk Use Only	96 17 A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Date Application-Was Filed With Clerk	License Number
2/3/25	
Date License Granted	Date License Issued
1	
Signature of Clerk/Deputy Clerk	

**AB-220** 

#### **Temporary Alcohol Beverage License**

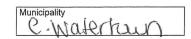


License(s) Requested				Fees
			License Fees	\$ 10.00
✓ Temporary "Class B" '	Wine	ary Class "B" Beer	Background Chec	k \$ ,
2000			Total Fees	\$ 10 00 00
Part A: Organization Informa	tion			
1. Organization Name				
Watertown Area Chaml	per of Commerce			
2. Organization Permanent Address				
519 E Main St			in the second	
3. City			4. State	5. Zip Code
Watertown			WI	53094
6. Mailing Address (if different from pe	rmanent address)			
7. FEIN	8. Date of Organiz	zation/Incorporation	9. State of Organiza	ation/Incorporation
39-0689225	08/20/20		Wisconsin	
10. Phone	11. Email	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
(920) 261-6320	linden@w	atertownchamber	c.com	
12. Organization type (check one)				
☐ Bona Fide Club ☐	Church	Association/Agricultural S	Society	n's Organization
☐ Lodge/Society ✓	Chamber of Commerce of	or similar Civic or Trade	Organization under ch	. 181, Wis. Stats.
13. Is this organization required to 14. Wisconsin Seller's Permit Number	-	permit?		☐ Yes ☑ No
Part B: Individual Informatio		**************************************	V	
List the name, title, and phone nu (Form AB-100) for each person lis	sted below. Attach addition	al sheets if necessary.		Individual Questionnaire
Corporations must also include Al	T		101).	
Last Name	First Name	Title		Phone
Hagner	Cassandra	Board	CYMIVO	96-988-7517
Lavson	Allen	Vice 1	Chair	262-434-0027
VanExt	Bridget	Vue	Maria	920-248-1155
Johnson	Jenn Per	Sean	etarcy	608-852-65
Hettel	Bonnie	Execu	tine Director	00-988-5241

Part C: Event Information	A STATE OF THE STA
1. Name of Event (if applicable)	
5th Annual Whiskey and Wine Walk	
2. Dates of Operation	3. Hours of Operation
4/26/2025	1-4:30pm
4. Premises Address	· A
Browns Shoes - 212 G. M.	
5. City	6. State 7. Zip Code
Nation	W 53094
8. County 9. Governing Municipality of: Attention	
	Email and/or Phone Number for Organizer of Event
La bet () A . Classic	olar I
13. Organizer Website	Event Website
	boteftown Champer, con/Whislay-wir
	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 or diagram and additional sheets if necessary.	r only on the premises described in this application. Attach a map
Or diagram and additional priority in necessary.	
Krowns Shoes - Metal	2 Sales floozinade only
	o seed there only
Don't D. Attacketion	
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 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 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	required to forfeit not more than \$1,000 if convicted.
Last Name First	t Name M.I.
Hertel Box	nnie
Title Email	Phone
	atertownchamber.com (920) 261-6320
Signature	Date 2-3-25
9/1/01	2-3 80
	V
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	

**AB-220** 

#### **Temporary Alcohol Beverage License**

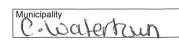


License(s) Requested					Fe	es			
				License Fees		\$		10.0	10
✓ Temporary "Class B	" Wine	Temporary CI	ass "B" Beer	Background Ch	neck	\$			
				Total Fees		\$	10.	00	(ar
Part A: Organization Inform	ation								
1. Organization Name									
Watertown Area Cham	mber of	Commerce							
2. Organization Permanent Address									
519 E Main St									
3. City				4. State	5. Z	ip Cod	le		
Watertown				WI	5	309	4		
6. Mailing Address (if different from p	ermanent a	ddress)		**************************************					
7. FEIN		8. Date of Organization/I	ncorporation	9. State of Organ	ization	/Incorp	oration		-
39-0689225		08/20/20		Wisconsi					
10. Phone		11. Email	***************************************						$\neg$
(920) 261-6320		linden@water	townchamber.	com					
12. Organization type (check one)		The second secon							
☐ Bona Fide Club	Church	☐ Fair Associa	ation/Agricultural Soc	iety 🔲 Vete	ran's	Orgar	nization		
Lodge/Society	- ḋ Chambe	r of Commerce or simil			ch. 18	1. Wis	. Stats.		
13. Is this organization required to 14. Wisconsin Seller's Permit Number		·				[	Yes	<b>√</b> N	lo
Part B: Individual Informatio	n								
List the name, title, and phone nu (Form AB-100) for each person lis				nization. Include a	ın Indi	vidual	l Questi	onnai	re
Corporations must also include Al	Icohol Bev	erage Appointment of A	Agent (Form AB-101	).					
Last Name	First Nar	ne	Title	Ph		ne			
Wasner	Cassa	andra	Board (	Chair 92		720-988-5517		7	
Lavson	Allen		Vice Cr	mir_ a		262-434-6027		127	
lan Ept	Bridget		Vice Ch				-248-1155		
Johnson	Dennifer		Secreto	(1)		r- 852-550			
Hertel	Barr	lie	Executive	e. Directin	42	- 0.	7SE -	524	[/

Part C: Event Information	
1. Name of Event (if applicable)	
5th Annual Whiskey and Wine Walk	
2. Dates of Operation	3. Hours of Operation
4/26/2025	1-4:30pm
Premises Address BLOCK - 300 E. Mai	n 87
5. City Watertaxon (20)	6. State 7. Zip Code 5309 9
	Jun +
12. Organizer of Event (if not the named applicant)	Email and/or Phone Number for Organizer of Event
To. Organizer vectorie	Event Website
hatertown (namber com	interfoundhamber compunistry-wine
alcohol beverage activities and storage of records may occur or diagram and additional sheets if necessary.	all rooms within the building, including living quarters. Authorized only on the premises described in this application. Attach a map
Retail-187 floor on1	4 inside
	0 - 010 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 applications 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 be deemed a refusal to allow inspection. Such refusal is a misd that any license issued contrary to Wis. Stat. Chapter 125 shall	
Last Name First	Name M.I.
lici cci	nie
Title Email Bonne@wa	Phone (920) 261-6320
Signature	Date 2-3.25
T JUV	
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	

**AB-220** 

#### **Temporary Alcohol Beverage License**



License(s) Requested					Fees	
				License Fees	\$	10.00
✓ Temporary "Class	s B" Wine	☐ Temporary Class	"B" Beer	Background Che	eck \$	
				Total Fees	\$	10.00 po
Part A: Organization Info	rmation					,
Organization Name		A STATE OF THE PARTY OF THE PAR				
Watertown Area Ch	namber of Com	nmerce				
2. Organization Permanent Addre	ess	The second secon			-III III III	
519 E Main St						
3. City			ACCOUNT TO THE PARTY OF THE PAR	4. State	5. Zip (	Code
Watertown				WI	53	094
6. Mailing Address (if different fro	m permanent address	5)		· · · · · · · · · · · · · · · · · · ·		
7. FEIN	8. Da	te of Organization/Inco	prporation	9. State of Organi	zation/Ind	corporation
39-0689225		8/20/20		Wisconsi		
10. Phone	11. E			1,15001151		
(920) 261-6320	1:	inden@waterto	ownchamber.c	om		
12. Organization type (check one	e)					
☐ Bona Fide Club	⊂ Church	☐ Fair Association	n/Agricultural Soci	etv 🗆 Vete	ran's Or	ganization
☐ Lodge/Society		Commerce or similar		_		-
13. Is this organization require		in Seller's permit? .				☐ Yes 🗸 No
Part B: Individual Inform	ation		1 11			5
List the name, title, and phon (Form AB-100) for each perso				nization. Include a	ın Indivi	dual Questionnaire
Corporations must also include	de Alcohol Beverage	e Appointment of Ag	ent (Form AB-101)	),		
Last Name	First Name		Title		Phone	9
Wormen	Cassandra		board Chair		960-988-	
Lavson	Allen		Vice a	ice Oraine do		434 5025
Jan Elt	Bridse	1	Vice Ch	air	920	-248-1155
Juhnson	Denm	fer	Secreto	1/4	800	-852-55
Herter	Bonnie			e Drector	920	-985-241

Part C: Event Information					
1. Name of Event (if applicable)					
5th Annual Whiskey and Wine Walk					
2. Dates of Operation	3. Hours of Operation				
4/26/2025	1-4:30pm				
4. Premises Address	C 110° - C+				
Draggers + 10Rac - 618	E Main 8t				
5. City	6. State 7. Zip Code				
Notestown	10079				
8. County 9. Governing Municipality of:	y, City Town Village 10. Aldermanic District				
	Email and/or Phone Number for Organizer of Event				
Watetown Alea Chamber by	mniel watertown chambel, com				
	Event Website				
Vextertown chambor com	Scatettawn Champor. Com WMSCey-wine				
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				
or diagram and additional sheets if necessary.	only on the premises described in this application. Attach a map				
Dratger's floral, Reto	in Sala for while wall				
Divident 2 morace, Maio	Sans had I make and				
	9				
Part D: Attestation					
Who must sign this application?	a, siirathal allaman, aanna aa aa ay marana aan aa aa aa aa aa ah ah aa aa ah ah aa aa				
one officer or director of the nonprofit organization					
	v, I have answered each of the above questions completely and				
	ant 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					
	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 comprovides materially false information on this application may be	onnection with this application, and that any person who knowingly				
	Name M.I.				
	nnie				
Title Email Executive Director Bonneews	Phone (920) 261-6320				
Signature 200	Date   Date				
Orginature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2-3-25				
Part E: For Clerk Use Only	nc 1				
Date Application Was Filed With Clerk	License Number				
2/3/25					
Date License Granted	Date License Issued				
Signature of Clerk/Deputy Clerk					
I and the second					

AB-220

#### **Temporary Alcohol Beverage License**

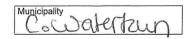


License(s) Requested				Fees		
			License Fees	\$ 10.00		
✓ Temporary "Class B"	Wine Tempora	ry Class "B" Beer	Background Che	eck \$		
			Total Fees	\$ 10.00 P		
				<b>V</b>		
Part A: Organization Inform	ation					
1. Organization Name						
Watertown Area Cham	ber of Commerce					
2. Organization Permanent Address		500.11C31				
519 E Main St						
3. City			4. State	5. Zip Code		
Watertown			WI	53094		
6. Mailing Address (if different from po	ermanent address)					
7. FEIN	8. Date of Organiza	tion/Incorporation	9. State of Organiz	ration/Incorporation		
39-0689225	08/20/20		Wisconsin	× 1		
10. Phone	11. Email	And the second s				
(920) 261-6320	linden@wa	tertownchamber.	com			
12. Organization type (check one)						
	Church	sociation/Agricultural Sc	ociety \( \square\) Veter	an'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 pe	rmit?		Yes 🗸 No		
14. Wisconsin Seller's Permit Number			***************************************			
14. Wisconsin Seller's Fermit Number	(ii applicable)					
Part B: Individual Informatio	n					
List the name, title, and phone nu (Form AB-100) for each person lis			anization. Include an	Individual Questionnaire		
Corporations must also include Ale	cohol Beverage Appointmen	t of Agent (Form AB-10	1).			
Last Name	First Name	Title		Phone		
Wasner	assandra	Board	Chair	920 - 988 7517		
Lavson	Allen	Vice (	wain	d62-434-0027		
Ian Est	0 1		mir	920-248-1155		
Johnson	Dennifer	Secret		6 45-852-55X		
Hertel	1 3			920-988-5241		

Part C: Event Information					
1. Name of Event (if applicable)					
5th Annual Whiskey and Wine Walk					
2. Dates of Operation	3. Hours of Operation				
4/26/2025	1-4:30pm				
Premises Address - 2165. 3818.					
5. City	6. State 7. Zip Code				
Watertown	WI 53094				
8. County 9. Governing Municipa of: WATCHOL					
10 Organizer of Event (if not the named applicant)	2. Email and/or Phone Number for Organizer of Event				
	nto C Watertown chamber, com				
13. Organizer Website	4. Event Website				
Wastertown Chamber Con	untertown (hamber, com publicley-wine				
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.					
Part D: Attestation					
Who must sign this application?					
<ul> <li>one officer or director of the nonprofit organization</li> </ul>					
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 Fire	st Name M.I.				
Hertel	nnie				
Title Email	Phone				
	Atertownchamber.com (920) 261-6320				
Signature	Date 2-3-25				
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					

**AB-220** 

#### **Temporary Alcohol Beverage License**



License(s) Requested				Fees				
				License Fees	es \$		10.00	1
✓ Temporary "Class B" Wine	/ine	☐ Temporary Clas	s "B" Beer	Background Che	ck \$			
				Total Fees	\$	10	00	b
								3
Part A: Organization Informati	ion							1
1. Organization Name			Committee of the Commit					1
Watertown Area Chambe	er of	Commerce						
2. Organization Permanent Address					•			1
519 E Main St								
3. City				4. State	5. Zip Co	de		1
Watertown				WI	5309	94		
6. Mailing Address (if different from perm	nanent a	ddress)						
7. FEIN 8. Date of Organization/Incorporation			orporation	9. State of Organiza	ation/Inco	rporation		1
39-0689225		08/20/20		Wisconsin				
10. Phone 11. Email								
(920) 261-6320 linden@watertownchamber.com								
12. Organization type (check one)								
☐ Bona Fide Club ☐ C	☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization							
☐ Lodge/Society ✓ C	hambe	r of Commerce or similar	Civic or Trade Org	anization under ch	. 181, Wi	is. Stats.		
13. Is this organization required to hol	ld a Wis	consin Seller's permit? .				Yes	✓ No	
14. Wisconsin Seller's Permit Number (if a	applicabl	e)						
so the commence of the second		-,						
								ı
Part B: Individual Information		e manadam ett tyle Broot akkee et 190 aktyvitet to 1931 att 190 att 190 att 190 att 190 att 190 att 190 att 19						
List the name, title, and phone numb (Form AB-100) for each person listed				ization. Include an	Individua	al Quest	ionnaire	
Corporations must also include Alcoh	nol Bev	erage Appointment of Age	ent (Form AB-101).					
Last Name F	First Name		Title		Phone			
Wasner (	PASSO	andra	Board (	ha'ie	720 -	788	- 7517	
	A11-			Mir 920-2		-434	-()ol	7
Jan Est B	Ridg	et	Vice Cha	rive_	720-	a48.	1155	

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Part C: Event Information	
1. Name of Event (if applicable)	
5th Annual Whiskey and Wine Walk	
2. Dates of Operation	3. Hours of Operation
4/26/2025	1-4:30pm
4. Premises Address Dvilders - 19 &	Main St.
5. City Watertown	6. State 7. Zip Code 55094
8, County 9. Governing Municipal of COTE TO	
Watertown Avea (namber 1	2. Email and/or Phone Number for Organizer of Event  None Ducota Town (Namber, Con
Watertown Chamber com W	atertain ( Nambor, can whiley - Wine
15. Premises Description - Describe the building or buildings and stored, or consumed, and related records are kept. Describe alcohol beverage activities and storage of records may occu or diagram and additional sheets if necessary.	I any outside areas where alcohol beverages and decords are sold, all rooms within the building, including living quarters. Authorized ronly on the premises described in this application. Attach a map
White Oak Builders -	Hetare Sales floor, inside
	only
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 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 connection with this application, and that any person who knowingly required to forfeit not more than \$1,000 if convicted.
Last Name Firs	t Name M.I.
	nnie
Title Email	Phone (020) 261 6220
	atertownchamber.com (920) 261-6320
Signature	2=3-25
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	