

**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**

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<b>Locations</b>			
<b><u>Location</u></b>	<b><u>Business Name</u></b>	<b><u>Contact</u></b>	<b><u>Address</u></b>
<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
<u>3</u>	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.

\*\* The Chic Boutique has license of their own.

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







## Temporary Alcohol Beverage License

Municipality  
C. Watertown


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

Part A: Organization Information		
1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	920-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Jennifer	Secretary	608-852-5505
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Avals - 209 E Main St.			
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 7
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event bonnie@watertownchamber.com	
13. Organizer Website WatertownChamber.com		14. Event Website WatertownChamber.com/whiskey-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.  Avals - Retail Sales floor, 1st floor, inside only			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<p><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.</p>		
Last Name Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



## Temporary Alcohol Beverage License

Municipality

C. Watertown

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

## Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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

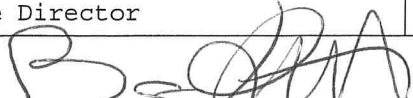
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Dennifer	Secretary	608-852-5505
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Blush Hair Boutique - 207 E. Main St			
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 7
11. Organizer of Event (if not the named applicant) I		12. Email and/or Phone Number for Organizer of Event Watertowninfo@watertownchamber.com	
13. Organizer Website WatertownChamber.com		14. Event Website WatertownChamber.com/Whiskey-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.  Retail space, 1st floor only			

<b>Part D: Attestation</b>			
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<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 Hertel		First Name Bonnie	
Title Executive Director		Email Bonnie@watertownchamber.com	M.I. K
Signature 		Phone (920) 261-6320	
Date 2-3-25			

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



## Temporary Alcohol Beverage License

Municipality  
C. Watertown

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

## Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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

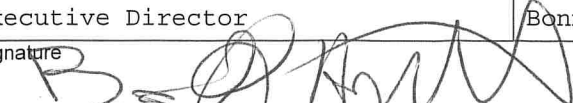
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Wagner	Cassandra	Board Chair	920-988-7517
Carson	Allen	Vice-Chair	920-434-0027
Jan Eet	Bridget	Vice-Chair	920-248-1155
Johnson	Jennifer	Secretary	608-852-5565
Hether	Bonnie	Executive Director	920-988-5041

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1 - 4 : 30pm	
4. Premises Address Bradow Jewellers - 217 E Main St.			
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 7
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event bonnie@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/whiskey-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.  Bradows - retail sales floor - 1st floor only, inside			

<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 Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

## Temporary Alcohol Beverage License

Municipality  
C. Watertown

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

## Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
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7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
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12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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
Wagner	Cassandra	Board Chair	920-988-7512
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Jennifer	Secretary	608-852-5565
Hettel	Bonnie	Executive Director	920-988-5241

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Browns Shoes - 212 G Main St.			
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 7
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event bonnie@watertownchamber.com	
13. Organizer Website WatertownChamber.com		14. Event Website WatertownChamber.com/Whiskey-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.  Browns Shoes - Retail Sales floor, inside only			

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Last Name Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonne@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

## Temporary Alcohol Beverage License

Municipality  
E. Watertown

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

## Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
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## Part B: Individual Information

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

Last Name	First Name	Title	Phone
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Dennifer	Secretary	608-852-5565
Hertel	Bonnie	Executive Director	920-988-5241

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Central Block - 300 E. Main St			
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 7
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Last Name Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

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

**Part A: Organization Information**

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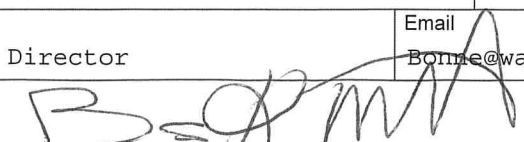
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Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
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Lavson	Allen	Vice Chair	262-434-5027
Van Eet	Bridget	Vice Chair	920-248-1155
Johnson	Denifer	Secretary	608-852-5526
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Dräger's Floral - 618 E Main St			
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 4
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event bonnie@watertownchamber.com	
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<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
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Last Name Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 2/3/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

## Temporary Alcohol Beverage License

Municipality  
C. Watertown

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

## Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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.

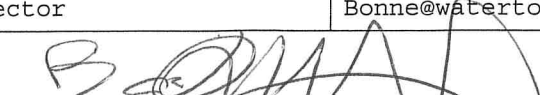
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
Johnson	Dennifer	Secretary	608-852-5505
Hertel	Bonnie	Executive Director	920-988-5241

Continued →



<b>Part C: Event Information</b>			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address Rock River - 216 S. 3rd St.			
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 7
11. Organizer of Event (if not the named applicant) Nal		12. Email and/or Phone Number for Organizer of Event info@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/whiskey-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.  Retail Floor of Rock River, 1st floor only			

<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 Hertel		First Name Bonnie	
Title Executive Director		Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 2-3-2025	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



Form  
**AB-220**

## Temporary Alcohol Beverage License

Municipality  
Cowatertown

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

### Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main St		
3. City Watertown	4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address)		
7. FEIN 39-0689225	8. Date of Organization/Incorporation 08/20/20	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 261-6320	11. Email linden@watertownchamber.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" 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
Wagner	Cassandra	Board Chair	920-988-7517
Larson	Allen	Vice Chair	262-434-0027
Van Ert	Bridget	Vice Chair	920-248-1155
GJohnson	Dennifer	Secretary	608-852-5505
Hertel	Bonnie	Executive Director	920-988-5241

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) 5th Annual Whiskey and Wine Walk			
2. Dates of Operation 4/26/2025		3. Hours of Operation 1-4:30pm	
4. Premises Address White Oak Builders - 14 E Main St.			
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 7
11. Organizer of Event (if not the named applicant) Watertown Area Chamber		12. Email and/or Phone Number for Organizer of Event Bonnie@watertownchamber.com	
13. Organizer Website Watertownchamber.com		14. Event Website Watertownchamber.com/Whiskey-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. White Oak Builders - Retail Sales floor, inside only			

<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 Hertel	First Name Bonnie	M.I.
Title Executive Director	Email Bonnie@watertownchamber.com	Phone (920) 261-6320
Signature 		Date 2-3-25

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 2-3-2025	License Number
Date License Granted	Date License Issued
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