

Temporary Alcohol Beverage License

Municipality
C. Watertown

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$ 14
	Total Fees	\$ 24

Part A: Organization Information

1. Organization Name
Watertown Humane Society

2. Organization Permanent Address
418 Water Tower Ct

3. City
Watertown

4. State
WI

5. Zip Code
53094

6. Mailing Address (if different from permanent address)

7. FEIN
39-1097337

8. Date of Organization/Incorporation
July 1 1976

9. State of Organization/Incorporation
Wisconsin

10. Phone
920-261-1270 ext 2

11. Email
manager@whsadopt.org

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)
268231

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
Van Dam	Heather	Executive Director	920-261-1270 ext 2
Bocher	Kendall	Board President	920-988-0900
Hendricks	Sara	Secretary	920-988-5555
Chaney	Dorothy	Treasurer	773-372-3555
Grauer	Tommy	Vic President	262-894-8109

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Watertown Autofest			
2. Dates of Operation August 9 2026		3. Hours of Operation 9:30 AM - 3 PM	
4. Premises Address 1741 River Dr.			
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: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event manager@whsadopt.org / 920-261-1270 ext 2	
13. Organizer Website www.whsadopt.org		14. Event Website Facebook - Watertown Autofest	
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 carshow will be parked on the park field The Bingo event will be held in the hanger The Food/Beverages will be just outside the hanger The Band will be just outside the hanger			

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 VanDam	First Name Heather	M.I. R	
Title Executive Director	Email manager@whsadopt.org	Phone 920-261-1270 ext 2	
Signature Heather VanDam		Date 6/24/26	

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	