**AB-220** 

## **Temporary Alcohol Beverage License**

Municipality HOWN

License(s) Requested				Fees	
			License Fees	\$ 10.00	
✓ Temporary "Class B"	Wine Temporary Class	"B" Beer	Background Che	ck \$	
			Total Fees	\$	
A					
Part A: Organization Informa	tion				
1. Organization Name					
Watertown Area Chamb  2. Organization Permanent Address	per of Commerce				
519 E Main Street					
3. City .			4. State	5. Zip Code	
woodontown			l Wi	5. Zip Code 53094	
6. Mailing Address (if different from pe					
519 E Main	Street				
7. FEIN	8, Date of Organization/Inco	rporation	9. State of Organiz	ation/Incorporation	
39-0689225 10. Phone	H 0 9 0 3 1		MIZGA	3×20,×	
920-261-6330	August  11. Email  Donnie & was	tectowns	-hambor	cam	
12. Organization type (check one)	φοι,σ σ σ σ				
	Church	n/Agricultural Socie	ty 🗌 Vetera	an's Organization	
	Chamber of Commerce or similar	_	, –		
13. Is this organization required to	hold a Wisconsin Seller's permit?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 🔀 No	
14. Wisconsin Seller's Permit Number	(if applicable)				
NIV					
		(I)	i		
Part B: Individual Information	n				
	mber for all officers, directors, and ted below. Attach additional sheets		zation. Include an	Individual Questionnaire	
Corporations must also include Ale	cohol Beverage Appointment of Age	ent (Form AB-101).			
Last Name	First Name	Title		Phone	
Magner	Cossandra	Board C	hair	(920) 988-7517	
Larson	Allen	VICE C	N012 L	434-0927	
Von Ert	Bridget	Vice Ch		(20) 248-1155	
Johnson	Jennifer	Secret	dul	852-5565	
lotal	Bonnso	Execution	e Directo	920 594(	

 $\textit{Continued} \longrightarrow$ 

Part C: Event Information			
1. Name of Event (if applicable)  8th Annual Wine Wa	K		
2. Dates of Operation September 5th, 2024	1	3. Hours of Ope	eration - 8:00pm
4. Premises Address Avas - 209 E Main Str			1,97
5. City Watertawn		6. State	7. Zip Code 53094
Jettarom of was	cipality 区ity I Town		0. Aldermanic District
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Num		
wortestann Area Chamber		of erto	muchamberea
13, Organizer Website watertownchamber.com	14. Event Website	omperic.	1 low answ law
stored, or consumed, and related records are kept. Descriptional beverage activities and storage of records may or diagram and additional sheets if necessary.  Ava's — Refail Sales Floor—15	ccur only on the premises of	described in this	s application. Attach a map
Part D: Attestation			
Who must sign this application?			
one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the ap seeking the license. Further, I agree that the rights and resp to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lac be deemed a refusal to allow inspection. Such refusal is a rethat any license issued contrary to Wis. Stat. Chapter 125 side prosecuted for submitting false statements and affidavits in provides materially false information on this application may	plicant organization and not onsibilities conferred by the to the law, including but not k of access to any portion of nisdemeanor and grounds for hall be void under penalty of the connection with this applic	on behalf of an license(s), if gr t limited to, pure a licensed prer or revocation o f state law. I fur cation, and that	ny other individual or entity anted, will not be assigned chasing alcohol beverages nises during inspection will f this license. I understand ther understand that I may any person who knowingly
Last Name	First Name		M.I.
Hentel	Bennis		
Executive Dineston Dann	se & waserbowned	n amberica	Phone 920 988 5241
Signature		Date	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number		
05/29/24	2024-043		
Date License Granted	Date License Issued		
Signature of Clerk/Deputy Clerk			

**AB-220** 

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

Municipality HOWN

License(s) Requested				Fees
			License Fees	\$ 10.00
✓ Temporary "Class B" '	Wine	s "B" Beer	Background Che	
			Total Fees	\$
			101411 000	
Part A: Organization Informa	ition			
1. Organization Name				
Watertown Area Chamb	per of Commerce			
2. Organization Permanent Address				
519 E Main Street			14.00	r 70 0 d
3. City western own			4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	ermanent address)		001	
519 E Main				
7. FEIN	8. Date of Organization/Inco	orporation	9. State of Organization	ation/Incorporation
39-0689225	August  11. Email  Donnie & wa		MSCO	N20.N
10. Phone	11. Email	\ 1	\ \	@\@\
920-261-6320	DONNIE & Ma	tectown	: hambar	501.0
12. Organization type (check one)				
	<u>—</u>	on/Agricultural Socie	•	an's Organization
Lodge/Society	Chamber of Commerce or similar	Civic or Trade Orga	anization 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)			
N(1)				
Part B: Individual Information	n			
	mber for all officers, directors, and ted below. Attach additional sheets		zation. Include an	Individual Questionnaire
Corporations must also include Ale	cohol Beverage Appointment of Ag	ent (Form AB-101).		
Last Name	First Name	Title		Phone
Madrel	Cossandra	Board C	harr	(920) 988-7517
Larson	Allen	VICE C	Y012 L	434-0027
Von Ent	Bridget	Vice C)		930)
Johnson	Jennifer	Secret	ary	852-5565
Hortol	Bonnie	Execution	e Director	928 594(

Part C: Event Information					
1, Name of Event (if applicable)  8th Annual Wine	Wal	ik			
2. Dates of Operation	222/	1	3. Hours of Oper	ation	
September 5th	2025		4.30p	m - 8:00 bm	
Bradw Jeweler - 21	7Em	Toon Street			
5. City Watertawn			6. State	7. Zip Code 53094	
		ipality 区ity 🗌 Town	☐ Village 10	. Aldermanic District	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Num	ber for Organizer	of Event	
wortentary Area Cham)	086			openadous	
13. Organizer Website		14. Event Website		) 11	
watertownchamber.co	2/~	watertownch	amber.c	ion wins walk	
15. Premises Description - Describe the building of stored, or consumed, and related records are alcohol beverage activities and storage of recordiagram and additional sheets if necessary.	kept. Descr ords may o	ribe all rooms within the bui ocur only on the premises o	lding, including described in this	living quarters. Authorized application. Attach a map	
Bradon Jenslers		PO(1500(5 10)			
Part D: Attestation					
Who must sign this application?					
one officer or director of the nonprofit organization.	zation				
READ CAREFULLY BEFORE SIGNING: Under truthfully. I agree that I am acting solely on behaseeking the license. Further, I agree that the right to another individual or entity. I agree to operate from Wisconsin-permitted wholesalers. I understate deemed a refusal to allow inspection. Such rethat any license issued contrary to Wis. Stat. Chabe prosecuted for submitting false statements an provides materially false information on this application.	r penalty of alf of the appets and response according and that lackefusal is a mapter 125 ship difficulties in a find affidavits in	olicant organization and not onsibilities conferred by the to the law, including but no cof access to any portion of hisdemeanor and grounds f hall be void under penalty o n connection with this applic	on behalf of an license(s), if grat timited to, purch a licensed prem for revocation of state law. I furth cation, and that a	y other individual or entity inted, will not be assigned hasing alcohol beverages ises during inspection will this license. I understand her understand that I may any person who knowingly	
Last Name Hentel	F	First Name		M.I.	
Title Executive Dinesta	Email	Dennis	hamber.com	Phone 920 988 5241	
Signature S			Date 5 - 2 9	1	
Dod F. Fra Olyd W. C.					
Part E: For Clerk Use Only		T.,			
Date Application Was Filed With Clerk		License Number			
05/29/24 2024-044					
Date'License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

**AB-220** 

# **Temporary Alcohol Beverage License**

Municipality HOWN

License(s) Requested		F	ees	
		License Fees	\$	10.00
√ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	

Part A: Organization Informa	ition				
1. Organization Name					
Watertown Area Chamb	per of Commerce				
2. Organization Permanent Address					
519 E Main Street					
3. City Westertown  4. State Wi 5. Zip Code 5. Zip Code 5. 3094					
6. Mailing Address (if different from pe					
519 E Main	Streel				
7. FEIN	8. Date of Organization/Incor			zation/Incorporation	
39-0689225	Hogost		MSCO	N20.N	
10. Phone 920-261-6320	August 11. Email  Tonno & wad	tectowns	hambor	cam	
12. Organization type (check one)					
☐ Bona Fide Club ☐	Church Fair Association	n/Agricultural Societ	y 🗌 Veter	an's Organization	
☐ Lodge/Society 🔀	Chamber of Commerce or similar (	Civic or Trade Orga	nization under ch	n. 181, Wis. Stats.	
13. Is this organization required to	hold a Wisconsin Seller's permit?		/1/1/2	Yes 🔀 No	
14. Wisconsin Seller's Permit Number	(if applicable)				
Part B: Individual Information	n				
	mber for all officers, directors, and a ted below. Attach additional sheets		ation. Include ar	n Individual Questionnaire	
Corporations must also include Ale	cohol Beverage Appointment of Age	nt (Form AB-101).			
Last Name	First Name	Title		Phone	
Madrer	Cossandra	Board Cl	1071	988-7517	
Larson	Allen	Board C)	V 02 L	(262) 434-0927	
Von Ert	Bridget	Vice Ch	7701	920)	
Johnson	Jennifer	Secret	ray	853-2282	
Hertel	Bonnse	Execution	1	928 524(	

Part C: Event Information			
1. Name of Event (if applicable)  8th Annual Wine Wal	K		
0.0.1		3. Hours of Operation	~
September 5th, 2024		4:30pm	-8:00bm
4. Premises Address Browns Thacs - 212 E Marn	Street		
5. City water ann		6. State 7.	Zip Code 53094
8. County 9. Governing Munici	pality 区City I Town	☐ Village 10. Ald	ermanic District
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Num	her for Organizer of Ev	vent
watertank Area Chamber	Dannie & M		
13. Organizer Website	14. Event Website	101 91 1 1 101	1
watertownchamber, com	watertownch	amper can	Nunewalk
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 or or diagram and additional sheets if necessary.	ibe all rooms within the bui	lding, including living	g quarters. Authorized
or diagram and additional sheets if necessary.  Brown's Shaes - Retails	ales though th	121 08 an	7
			,
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 truthfully. I agree that I am acting solely on behalf of the app seeking the license. Further, I agree that the rights and respo to another individual or entity. I agree to operate according t from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a m that any license issued contrary to Wis. Stat. Chapter 125 shabe prosecuted for submitting false statements and affidavits in provides materially false information on this application may I	licant organization and not nsibilities conferred by the o the law, including but not of access to any portion of isdemeanor and grounds fo all be void under penalty of connection with this applic	on behalf of any oth license(s), if granted limited to, purchasing a licensed premises or revocation of this state law. I further use ation, and that any particular in the second control of the seco	ner individual or entity I, will not be assigned ang alcohol beverages during inspection will license. I understand anderstand that I may berson who knowingly
Last Name Hertel	irst Name		M.I.
Title	Dennis	I DI	
Executive Dinestar Danni	(2 was enformed)		one 109885241
Signature		Date	4
13201		5-29-	27
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number		
05 29 24	2024-045		
Date License Granted	Date License Issued		
Signature of Clerk/Deputy Clerk			

**AB-220** 

## **Temporary Alcohol Beverage License**

Municipality HOWN

License(s) Requested			F	ees		
			License Fees	\$ 10.00		
✓ Temporary "Class B" \	Wine Temporary Class	"B" Beer	Background Check	\$		
			Total Fees	\$		
Part A: Organization Informa	tion					
Organization Name	-					
Watertown Area Chamb	per of Commerce					
2. Organization Permanent Address						
519 E Main Street						
3. City			4. State 5.	Zip Code 53094		
westertown			W'	53077		
6. Mailing Address (if different from pe						
519 E Main	Drosel			0		
7. FEIN	8. Date of Organization/Inco	rporation	9. State of Organization	on/incorporation		
39-0689225	Hugust		MIZCAN	29.1		
10. Phone	11. Email	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1	avv.		
920-261-6320	August 11. Email Donnis & was	TECTOWNC	hanbai.	<u> </u>		
12. Organization type (check one)						
☐ Bona Fide Club ☐	Church Fair Association	n/Agricultural Societ	y 🗌 Veteran	s Organization		
☐ Lodge/Society 🔀	Chamber of Commerce or similar	Civic or Trade Orga	nization under ch. 1	81, Wis. Stats.		
13. Is this organization required to	hold a Wisconsin Seller's permit?			Yes 🔀 No		
14. Wisconsin Seller's Permit Number	(if applicable)					
NIV						
Part B: Individual Information	n					
List the name, title, and phone nu (Form AB-100) for each person lis	mber for all officers, directors, and ted below. Attach additional sheets	agent of the organiz	ation. Include an Ir	idividual Questionnaire		
Corporations must also include Ale	cohol Beverage Appointment of Ag	ent (Form AB-101).				
Last Name	First Name	Title	P	hone		
Madrec	Cossandra	Board C)	1075	120)		
J			C	(2)		
Larson	Allen	VICE C	U01/L	434-002		
Von Ert	Bridget	Vice Cr	7701	30)		
Johnson	Jennifer	Secret	Rry 6	08)		
Hartel	Bonnie	Execution	e Director	128 2941		

Part C: Event Information			
1, Name of Event (if applicable)  8th Annual Wine Wal	K		
September 5th, 2024		3. Hours of Operation 4.30pm -	8:00pm
4. Premises Address Centra Block - 300 E mas	r57 noat	,	•
5. City Watertown		6. State 7. Zip 6	3094
Jettarom of wat	pality 図 City □ Town	☐ Village 10. Alderma	nic District
11. Organizer of Event (if not the named applicant)  Worte at any Area Chamber	12. Email and/or Phone Num		Jamber 49
13. Organizer Website	14. Event Website  wate four ch		
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.	be all rooms within the buil cur only on the premises d	lding, including living qua lescribed in this applicati	on. Attach a map
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 truthfully. I agree that I am acting solely on behalf of the approach seeking the license. Further, I agree that the rights and response to another individual or entity. I agree to operate according to from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a mit that any license issued contrary to Wis. Stat. Chapter 125 shabe prosecuted for submitting false statements and affidavits in provides materially false information on this application may be	licant organization and not nsibilities conferred by the look the law, including but not of access to any portion of sdemeanor and grounds for all be void under penalty of connection with this application.	on behalf of any other in license(s), if granted, will limited to, purchasing al a licensed premises during or revocation of this licen state law. I further under ation, and that any personal	dividual or entity not be assigned cohol beverages ng inspection will se. I understand retand that I may n who knowingly
Last Name Hertel	Rennis		M.1.
Title Email		Phone 930 o	
Signature	(2 watertowns)	Date	88 5241
1300		5-29-2	7
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number		
05/29/24	2024-046		
Date License Granted	Date License Issued		
Signature of Clerk/Deputy Clerk			

**AB-220** 

## **Temporary Alcohol Beverage License**

Municipality HOWN

License(s) Requested					Fees	
License(s) Requested				License Fees	\$ 10.00	
[7] Tamananan "Class P" \	Mino	☐ Temporary Class	"R" Reer	Background Che		
✓ Temporary "Class B" \	vvirie	Temporary Class	D Deel			
				Total Fees	\$	
Part A: Organization Informa	tion					
1. Organization Name						
Watertown Area Chamb	per of Co	ommerce				
2, Organization Permanent Address						
519 E Main Street						
3. City				4. State	5. Zip Code 53094	
watertown				W,	5307/	
6. Mailing Address (if different from pe						
519 E Main	22066			O State of Organia	rotion/Incorporation	
7. FEIN	8.1	Date of Organization/Inco	rporation	9. State of Organiz	zation/Incorporation	
39-0689225	44	HUSUSI		repurpou can		
10, Phone 920-261-6320	11.	Email C	tectoins	-hambar	cam	
	120	ON HIS & COM	19.104011	C TIDATE OF T		
12. Organization type (check one)	Church	☐ Fair Associatio	n/Agricultural Socie	sty 🗀 Veter	an's Organization	
	Church	_	_	• –	_	
Lodge/Society	Chamber of	Commerce or similar	Civic or Trade Orga	anization under cr	1. TO I, WIS. Stats.	
13. Is this organization required to l	hold a Wisco	nsin Seller's permit?			Yes 🔀 No	
14. Wisconsin Seller's Permit Number (	(if applicable)					
NI						
Part B: Individual Information	n					
List the name, title, and phone null (Form AB-100) for each person lis	mber for all o	officers, directors, and stach additional sheets	agent of the organ if necessary.	ization. Include ar	n Individual Questionnaire	
Corporations must also include Ale	cohol Bevera	ge Appointment of Age	ent (Form AB-101).			
Last Name	First Name		Title		Phone	
Madrel	C0230	indra	Board C	por	988-7517	
Larson	Aller	^	VICE C	You'r	434-0927	
Von Ert	Brid	set	Vice C)	つがし	990)	
Johnson		nafin	Secret	any	852-5565	
Hertel	Bon	~5-6	Execution	16 Devogn	988 524(	

Continued  $\rightarrow$ 

Bonnso

Part C: Event Information			
1. Name of Event (if applicable)	11.		
8th Annual Wine Wo	21K		
2. Dates of Operation		3. Hours of Ope	ration
September 5th, 200	17	4:30p	m - 8:00pm
4. Premises Address		·	v
Draegeri Flanal - 618 E Ma	in Street		
5 City		6. State	7. Zip Code
Watertawn		Wi	7. Zip Code 53094
8. County 9. Governing M	unicipality X City Town	☐ Village 1	Aldermanic District
Jeffara w of we	when own		4
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Nun	nber for Organizer	of Event
wootestank Area Chamber	Dannie & M	o trafoo c	whohamper.e.
13, Organizer Website	14. Event Website		1 21
watertownchamber.com	watertown ch	ambar, c	munewalk
15. Premises Description - Describe the building or building stored, or consumed, and related records are kept. De alcohol beverage activities and storage of records may or diagram and additional sheets if necessary.  The get for a raid - Reference of the constant of th	escribe all rooms within the bu	ilding, including	living quarters. Authorized
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 truthfully. I agree that I am acting solely on behalf of the seeking the license. Further, I agree that the rights and re to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that I be deemed a refusal to allow inspection. Such refusal is a that any license issued contrary to Wis. Stat. Chapter 125 be prosecuted for submitting false statements and affidaving provides materially false information on this application metals.	applicant organization and no sponsibilities conferred by the ng to the law, including but no ack of access to any portion of a misdemeanor and grounds to shall be void under penalty of ts in connection with this applie	t on behalf of ar license(s), if grat t limited to, purc a licensed pren for revocation of f state law. I furl cation, and that	y other individual or entity anted, will not be assigned chasing alcohol beverages hises during inspection will this license. I understand ther understand that I may any person who knowingly
Last Name	First Name		M.I.
Hentel	Bennis		
Title Email			Phone
Executive Dineston bon	inse & waserfound	hamber car	
Signature	in a construction	Date	1
FORIX		5-2	9.24
		1 - 0,	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number		
05/24/24			
Date License Granted	2024-047		
्रावाच्या विकास के विकास के किया है कि विकास के किया है। विकास के किया किया किया किया किया किया किया किया	Date License Issued		
Signature of Clerk/Deputy Clerk			
-			

**AB-220** 

## **Temporary Alcohol Beverage License**

Municipality HOWN

License(s) Requested				Fees
License(s) Requested			License Fees	\$ 10.00
[7] Tamanaran "Class B"\	Wine ☐ Temporary Class	"R" Reer	Background Che	
▼ Temporary "Class B" \	Wille lemporary class	D Deel	Total Fees	\$
			Total rees	a a
Part A: Organization Informa	tion			
1. Organization Name				
Watertown Area Chamb	per of Commerce			
2. Organization Permanent Address				
519 E Main Street			4. State	5. 7in Code
3. City watertown			4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	rmanent address)			ba
519 E Main	Street			
7. FEIN	<ol><li>Date of Organization/Inco</li></ol>	rporation	9. State of Organiz	ation/Incorporation
39-0689225	August		MZCO.	N20,N
10. Phone 920-261-6320	August 11. Email Donnie & was	tectowns	:hambor.	cam
12. Organization type (check one)				
Bona Fide Club	Church Fair Associatio	n/Agricultural Socie	ty 🗌 Veter	an's Organization
☐ Lodge/Society 🔀	Chamber of Commerce or similar	Civic or Trade Orga	nization under ch	n. 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)			
N/1				
Part B: Individual Information	n			
List the name, title, and phone nu (Form AB-100) for each person lis	mber for all officers, directors, and ted below. Attach additional sheets	agent of the organi if necessary.	zation. Include ar	n Individual Questionnaire
Corporations must also include Ale	cohol Beverage Appointment of Age	ent (Form AB-101).		
Last Name	First Name	Title		Phone
Madrec	Cossandra	Board C	harr	988-7517
Larson	Allen	Vice C	hour	(262) 434-0027
Von Ert	Bridget	Vice Cr		920)
Johnson	Jennifer	Secret	dul	852-5565
Hertel	Bonns-6	Execution	e Directu	988 524(

Part C: Event Information				
1. Name of Event (if applicable)	1	\ ,		
8th Annual W.	re Wal	·K		
2. Dates of Operation September 5	h anak		3. Hours of Op	eration
	1000		4.301	bm - 8:00 bm
4. Premises Address Fuelify -114 N. V	12 -L- VI	_ =		
5. City	VOCI & C 3	r Lee		
waterstawn			6. State	7. Zip Code 53094
8. County Jeffars w		ipality \( \mathbb{C} \) City \( \mathbb{T} \) Town	Village	10. Aldermanic District
11. Organizer of Event (if not the named applican	t)	12. Email and/or Phone Num	ber for Organize	er of Event
wootestank Area Cha	mper			op. sodomber. so
13. Organizer Website		14. Event Website		
watertownchamber.	com	watertown d	namber	- com winewalk
15. Premises Description - Describe the built stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessary - Refacil 50	of records may oc	cur only on the premises d	lding, including lescribed in th	a living guarters Authorized
Part D: Attestation				
Who must sign this application?				
<ul> <li>one officer or director of the nonprofit or</li> </ul>	ganization			
READ CAREFULLY BEFORE SIGNING: It truthfully. I agree that I am acting solely on seeking the license. Further, I agree that the to another individual or entity. I agree to op from Wisconsin-permitted wholesalers. I und be deemed a refusal to allow inspection. Su that any license issued contrary to Wis. Stat be prosecuted for submitting false statement provides materially false information on this	e rights and responderate according to lerstand that lack lich refusal is a min. Chapter 125 shall and affidavits in and affidavits in	nicant organization and not nsibilities conferred by the laborate law, including but not of access to any portion of a sdemeanor and grounds for all be void under penalty of connection with this applica-	on behalf of a icense(s), if gr limited to, pur a licensed prer or revocation o state law. I fur	ny other individual or entity ranted, will not be assigned chasing alcohol beverages mises during inspection will f this license. I understand ther understand that I may
Last Name	Fi	rst Name		M.I.
Hontel		Bonnis		M.I.
Title  Executive Dinestra	Danni	(2 marentomas)	Date	Phone 920 988 5241
- Sal	M		ľ	
	0		-L	
Part E: For Clerk Use Only				
Date Application Was Filed With Clerk		License Number		
05/29/24		2014-048		
Date License Granted		Date License Issued		
Signature of Clerk/Deputy Clerk				

**AB-220** 

# **Temporary Alcohol Beverage License**

Municipality HOWN

License(s) Requested				Fees
Elochioc(o) Itoquociou			License Fees	\$ 10.00
☐ Temporary "Class B" \	Wine Temporary Class	s "B" Beer	Background Chec	ck \$
[ Tomporary oracle of			Total Fees	\$
			101011 000	
Part A: Organization Informa	tion			
1. Organization Name				
Watertown Area Chamb	per of Commerce			
2. Organization Permanent Address				
519 E Main Street				
3. City watertown			4. State	5. Zip Code 53094
6. Mailing Address (if different from pe	rmanent address)		1001	00.7
519 E Main				
7. FEIN	8 Date of Organization/Inc	orporation	9. State of Organiz	ation/Incorporation
39-0689225	J t		(17500	N20.N
10 Phone	11. Email	1	00,10	
920-261-6320	August  11. Email  Donnie & wo	tectown	chambar	cam
12. Organization type (check one)				
	Church	on/Agricultural Socie	ety 🔲 Vetera	an's Organization
_	Chamber of Commerce or similar	Civic or Trade Orga	anization under ch	. 181, Wis. Stats.
		<del>-</del>		
13. Is this organization required to l	hold a Wisconsin Seller's permit?	: Mari Mari Dani Cari		Yes 🔀 No
14. Wisconsin Seller's Permit Number	(if applicable)			
<b>ル</b> は			W-111-15	
Part B: Individual Information	n			
List the name, title, and phone nu (Form AB-100) for each person lis	mber for all officers, directors, and ted below. Attach additional sheets	agent of the organ if necessary.	ization. Include an	Individual Questionnaire
Corporations must also include Ale	cohol Beverage Appointment of Ag	ent (Form AB-101).		
Last Name	First Name	Title		Phone
Madher	Cossandra	Board C	pare	(920) 988-7517
Larson	Allen	Vice C	Y02L	(262)
Von Ert	Bridget	Vice C)		900)
Johnson	Jennifer	Secret	dux	852-5565
Hertel	Bonnso	Execution	ne Devocto	920 594(

Dort O. F II. C			
Part C: Event Information  1. Name of Event (if applicable)			
8th Annual Wine Wal	K		
September 5th, 2024		3. Hours of Op	pm - 8:00pm
4. Premises Address Oswald Karz - 118 W Main	51		,
5, City ,	741.61		
Waterstawn		6. State	7. Zip Code 53094
Jettarom of wast	pality 🛛 City 🗌 Town [ らけっぴい	Village	10. Aldermanic District
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Numb		
		All BLL	annapamper. c.
	14. Event Website	amber.	Nowsain/N22
15. Premises Description - Describe the building or buildings a stored, or consumed, and related records are kept. Described alcohol beverage activities and storage of records may occor diagram and additional sheets if necessary.  Oswald Konz - Lobby 3	oe all rooms within the buil- our only on the premises d	ding, includin escribed in th	a living quarters Authorized
Part D: Attestation			
Who must sign this application?			
one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of la truthfully. I agree that I am acting solely on behalf of the appli seeking the license. Further, I agree that the rights and respont to another individual or entity. I agree to operate according to from Wisconsin-permitted wholesalers. I understand that lack to be deemed a refusal to allow inspection. Such refusal is a mist that any license issued contrary to Wis. Stat. Chapter 125 shabe prosecuted for submitting false statements and affidavits in provides materially false information on this application may be	icant organization and not obtained by the list it is the law, including but not of access to any portion of a sdemeanor and grounds found the void under penalty of a connection with this application.	on behalf of a cense(s), if g limited to, pure a licensed pre r revocation of state law. I further and the	rany other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand rther understand that I may
Last Name Hentel	st Name		M.I.
	Donnis		K
Executive Dineston Demis	R watertown S;	a }	Phone 920 988 5241
Signature		Date	- Anna
Sav		57	39-29
Part E: For Clerk Use Only			
ate Application Was Filed With Clerk	Linean Number		
15/29/24	License Number		
ate License Granted	Date License Issued		
ignature of Clerk/Deputy Clerk			

**AB-220** 

## **Temporary Alcohol Beverage License**

Municipality HOWN

License(s) Requested			ł	ees		
		L	icense Fees	\$ 10.00		
☑ Temporary "Class B" \	Wine Temporary Class	"B" Beer E	Background Check	\$		
		1	otal Fees	\$		
Part A: Organization Informa	tion					
1. Organization Name						
Watertown Area Chamb	er of Commerce					
2. Organization Permanent Address						
519 E Main Street						
3. City			4. State 5.	Zip Code 53094		
westertown			W'	53011		
6. Mailing Address (if different from pe						
519 E Main	8. Date of Organization/Incom	tion I C	. State of Organizati	on/Incorporation		
7. FEIN	8. Date of Organization/Incol					
39-0689225	H 0 S 0 S I		MIZEAN	,34.1		
920-261-6320	August 11. Email Donnie & wad	tectownc	hambor c	,0m		
12. Organization type (check one)	301,111 5 5 5 5					
	Church	n/Agricultural Society	√ □ Veteran	's Organization		
	Chamber of Commerce or similar		_	-		
Loage/Society 2	Chamber of Commerce of Similar C	Civic of Trade Organ	ization under on.	TOT, VVIS. Otats.		
13. Is this organization required to l	hold a Wisconsin Seller's permit?			🗌 Yes 🔀 No		
14. Wisconsin Seller's Permit Number (	(if applicable)					
w(t)						
Part B: Individual Information	n					
List the name, title, and phone nu (Form AB-100) for each person lis	mber for all officers, directors, and a ted below. Attach additional sheets	agent of the organization	ation. Include an Ir	ndividual Questionnaire		
Corporations must also include Ale	cohol Beverage Appointment of Age	ent (Form AB-101).				
Last Name	First Name	Title	P	hone		
Madrel	Cassandra	Board Ct	150	120)		
Larson	Allen	Vice Cr	10116	434-0927		
Von Ent	Bridget	Vice Ch	770	120)		
Johnson	Jennifer	Secreta	rny 6	852-55(5 08)		
Hotal	Bonns-6	Executive	Director !	988 524(		

Port O. Frank Informati			
Part C: Event Information  1. Name of Event (if applicable)			
8th Annual Wine Wa	K		
2. Dates of Operation September 5th, 2024		3. Hours of Or	pm - 8:00pm
4 Promings Address			hw arashii
Rock hover Chimney -216 Sout	r 3rd 2t-te	<u> </u>	
watantown		6. State	7. Zip Code 53094
	cipality 区City 口 Town	☐ Village	10. Aldermanic District
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Num	hor for Organiz	or of Cilont
wortentann Anea Chamber			ampandmper.
13. Organizer Website	14 Event Website		
watertownchamber, com	watertown ch.	umber a	am/wine walk
15. Premises Description - Describe the building or buildings stored, or consumed, and related records are kept. Described alcohol beverage activities and storage of records may or diagram and additional sheets if necessary.  Rock River Chimney + Fire T	ribe all rooms within the bui ocur only on the premises o	lding, includin lescribed in th	g living quarters. Authorized is application. Attach a map
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 truthfully. I agree that I am acting solely on behalf of the appreciant seeking the license. Further, I agree that the rights and respect 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 methat any license issued contrary to Wis. Stat. Chapter 125 shape prosecuted for submitting false statements and affidavits in provides materially false information on this application may	olicant organization and not onsibilities conferred by the to the law, including but not of access to any portion of hisdemeanor and grounds for all be void under penalty of a connection with this application.	on behalf of a license(s), if g limited to, pur a licensed pre or revocation of state law. I fur ation, and the	any other individual or entity ranted, will not be assigned rchasing alcohol beverages mises during inspection will of this license. I understand rther understand that I may
Last Name	irst Name		M.I.
Hentel	Bonnis		
Executive Dineta Email	(2 watertowns)	- 1	Phone 920 988 5241
Signature	2 44 001 414 000110	Date	,
BAN		5-2	9-24
Part E: For Clerk Use Only		-	
ate Application Was Filed With Clerk	License Number		
15/29/24	2024-050		
ate License Granted	Date License Issued		
signature of Clerk/Deputy Clerk			

**AB-220** 

## **Temporary Alcohol Beverage License**

Municipality HOWN

License(s) Requested				Fees
		an f	License Fees	\$ 10.00
☐ Temporary "Class B" \	Wine 🔲 Temporary Clas	s "B" Beer	Background Chec	sk \$
		Total Fees	\$	
Part A: Organization Informa	tion			
1. Organization Name				
Watertown Area Chamb	er of Commerce			
2. Organization Permanent Address				
519 E Main Street				
3. City			4. State	5. Zip Code 53094
woodentown				55011
6. Mailing Address (if different from pe	rmanent address)			
519 E Main	72046		To chat10	ntion/Incorporation
7. FEIN	8. Date of Organization/Inc	corporation	9. State of Organiza	ation/incorporation
39-0689225	Hugust		Misca	V22.11
10. Phone 920-261-6320	August 11. Email Donnie & wo	tectown	chamber	cam
	DOLVIE &	21 31 1 0 3012	C 1100110	
12. Organization type (check one)	Church	ion/Agricultural Soci	ety 🗀 Vetera	an's Organization
	_	-	, -	
Lodge/Society	Chamber of Commerce or simila	r Civic or Trade Oig	janization under ch	. 101, Wis. Stats.
13. Is this organization required to	hold a Wisconsin Seller's permit?			Yes 🔀 No
14. Wisconsin Seller's Permit Number	(if applicable)			
NA				
Part B: Individual Information	n			
List the name, title, and phone nu (Form AB-100) for each person lis	mber for all officers, directors, and ted below. Attach additional shee	d agent of the organts if necessary.	nization. Include an	Individual Questionnaire
Corporations must also include Ale	cohol Beverage Appointment of A	gent (Form AB-101)	).	
Last Name	First Name	Title		Phone
Madher	Cossandra	Board	Charr	(920) 988-7517
Larson	Allen	Vice C		(262) 434-0027
Von Ert	Bridget	Vice C	hoir	900) 248-1155
Johnson	Jennifer	Secre	tany	852-5565
Hortel	Bonnso	Executi	de Devegtu	928 5241

Part C: Event Information					
1. Name of Event (if applicable)	191				
0 LIDULATI MI	rewa	1K			
2. Dates of Operation September 5	א החשצ	J	3. Hours of Op	eration	C; 0.C
			4.30y	Sm _	8:00 bm
4. Premises Address Thorvent Financial - 11	1 ( - 3)	3401			
5. City	P SOALK	JINEEL			
watastawn			6. State	7. Zip	3094
8. County	0.0	· · · · · · · · · · · · · · · · · · ·	Wi		
Jeffaram	9. Governing Munic		☐ Village	10. Alderma	inic District
11. Organizer of Event (if not the named applicar	or: W 6/21	12. Email and/or Phone Num	har for Orest la		l
watertank Area Cha					
13. Organizer Website	110001	Dannie & W	201.24.10	CONCI	ICHADAL.
watertown chamber.	com	mayerfown ct		/	s/K
15. Premises Description - Describe the build		MOSLAL LA CALLEL	14W 001.	Vasu	MINEMOIL
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessary the contract of	s are kept. Desci of records may o ssary.	ccur only on the premises of	lding, including lescribed in thi	living quas s applicat	artora Authorizad
1/11/10/11/11/11/11/11/11	- FODE	9 01(10) 11113	3 + 0 0.	`7	
		•			
0.41					
Part D: Attestation					
Who must sign this application?					
<ul> <li>one officer or director of the nonprofit or</li> </ul>	ganization				
READ CAREFULLY BEFORE SIGNING: It truthfully. I agree that I am acting solely on seeking the license. Further, I agree that the to another individual or entity. I agree to op from Wisconsin-permitted wholesalers. I und be deemed a refusal to allow inspection. Su that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	e rights and response rights and response erate according for the following stands are the following the following stands and affidavits in the following stands and affidavits in the following stands and affidavits in the following stands are the	plicant organization and not possibilities conferred by the late the law, including but not of access to any portion of a isdemeanor and grounds for all be void under penalty of a connection with this application.	on behalf of ar icense(s), if gr limited to, pure a licensed pren or revocation of state law. I fur	ny other in anted, will chasing al nises durii f this licen ther under	dividual or entity not be assigned cohol beverages ng inspection will se. I understand rstand that I may
Last Name	I F	irst Name			MI
Hertel	-	Bennis			M.I.
itle	Email			Phone	
Executive Dineston	1 Dann	Primopopor 3,	am Jen ma		88 5241
Signature	\\ \\	1 0 00000000000000000000000000000000000	Date	7	00 0011
Pal	M		5-6	79-24	1
	0		1		JJ
art E: For Clerk Use Only					
ate Application Was Filed With Clerk		License Number			
05/29/24		C201244100000			
ate License Granted		Date License Issued			
		Date License issued			
gnature of Clerk/Deputy Clerk					

**AB-220** 

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

Municipality HOWN

License(s) Requested			-	Fees	
		* 1	icense Fees	\$ 10.00	
▼ Temporary "Class B" \	Vine Temporary Class	"B" Beer E	Background Checl	k \$	
		1	Total Fees	\$	
Part A: Organization Informa	tion				
1. Organization Name					
Watertown Area Chamb	er of Commerce				
2. Organization Permanent Address					
519 E Main Street					
3. City	107-0		4. State	5. Zip Code 53094	
modentown			W.	53047	
6. Mailing Address (if different from pe					
519 E Main	Street				
7. FEIN	8. Date of Organization/Incor	poration 9	). State of Organiza	tion/Incorporation	
39-0689225	August 11. Email Donnie & wad		Miscar	120,21	
10 Phone	11. Email	1	\ \	~~	
920-261-6320	Donnie & was	rectownc	hampou a	5041.0	
12. Organization type (check one)					
☐ Bona Fide Club	Church	n/Agricultural Society	/ ☐ Vetera	n's Organization	
Lodge/Society	Chamber of Commerce or similar (	Civic or Trade Organ	nization under ch.	181, Wis. Stats.	
13. Is this organization required to I	nold a Wisconsin Seller's permit?			🗌 Yes 🔀 No	
14. Wisconsin Seller's Permit Number (	(if applicable)				
NIV					
Part B: Individual Information	n				
List the name, title, and phone nu (Form AB-100) for each person lis	mber for all officers, directors, and a ted below. Attach additional sheets	agent of the organiz if necessary.	ation. Include an	Individual Questionnaire	
Corporations must also include Ale	cohol Beverage Appointment of Age	ent (Form AB-101).			
Last Name	First Name	Title		Phone	
Madrec	Cassandra	Board Ct	1011	920)	
Larson	Allen	Vice CY	J012 L	262)	
Von Ert	Bridget	Vice Ch	770	(20) 248-1155	
Johnson	Jennifer	Secret		852-5565	
Hortol	Bonnso	Execution	Derocta	928 594(	

Part C: Event Information			
1. Name of Event (if applicable)	\ ,		
8th Annual Wine Wal	K		
2. Dates of Operation September 5th, 2024		3. Hours of Opera	tion
1 Branches Addition		4.30pr	- 8:00 bw
White Oal Brildons - 14 E Mair	Street		
5. City water and		6. State	7. Zip Code 53094
	pality 図 City □ Town □	Village 10.	Aldermanic District
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Numb	er for Organizer of	f Event
wortentary Area Chamber	Dannie & W		
13. Organizer Website	14. Event Website		
watertownchamber.com	water stown cho	ambor, con	n/wine walk
15. Premises Description - Describe the building or buildings a stored, or consumed, and related records are kept. Described alcohol beverage activities and storage of records may ocor diagram and additional sheets if necessary.  White Ook But denz - Ret	be all rooms within the build cur only on the premises de	ling, including livescribed in this a	ving quarters. Authorized application. Attach a map
Part D: Attestation			
Who must sign this application?			
• one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of I truthfully. I agree that I am acting solely on behalf of the appl seeking the license. Further, I agree that the rights and respont to another individual or entity. I agree to operate according to from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a mithat any license issued contrary to Wis. Stat. Chapter 125 shabe prosecuted for submitting false statements and affidavits in provides materially false information on this application may be	icant organization and not on nsibilities conferred by the like to the law, including but not like of access to any portion of a sdemeanor and grounds for all be void under penalty of s	on behalf of any conse(s), if grant mited to, purcha licensed premis revocation of the tate law. I further and that apply the consequence of the tate law.	other individual or entity ted, will not be assigned asing alcohol beverages ses during inspection will his license. I understand that I may
Last Name Fi	rst Name		IMI
Hontel	Bennis		M.I.
Executive Dinestar Email		)	Phone 920 988 5241
Signature	es madertownish	Date Con	170 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
FORM		5-29	-24
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number		
15/29/24	2024-052		
ate License Granted	Date License Issued		
ignature of Clerk/Deputy Clerk			