

Aras

Form
AB-220

Temporary Alcohol Beverage License

Municipality
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	\$

Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main Street		
3. City Watertown	4. State Wi	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 519 E Main Street		
7. FEIN 39-0689225	8. Date of Organization/Incorporation August	9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320	11. Email bonnie@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) n/a		

Part B: Individual Information

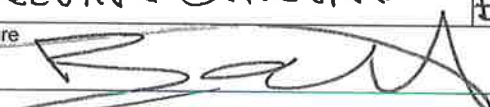
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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) 434-0927
Van Ert	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	920 988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 8 th Annual Wine Walk			
2. Dates of Operation September 5 th , 2024		3. Hours of Operation 4:30pm - 8:00pm	
4. Premises Address Ave's - 209 E Main Street			
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 Dennis@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/winewalk	
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. Ave's - Retail Sales floor - 1 st floor, inside only			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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.</p>			
Last Name Hertel		First Name Dennis	
Title Executive Director		M.I. K	
Email dennis@watertownchamber.com		Phone 920 988 5241	
Signature 		Date	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/29/24	License Number 2024-043
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality
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	\$

Part A: Organization Information			
1. Organization Name Watertown Area Chamber of Commerce			
2. Organization Permanent Address 519 E Main Street			
3. City Watertown		4. State Wi.	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 519 E Main Street			
7. FEIN 39-0689225	8. Date of Organization/Incorporation August		9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320	11. Email bonnie@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) n/a			

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 Ent	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	920 988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 8 th Annual Wine Walk			
2. Dates of Operation September 5 th , 2024		3. Hours of Operation 4:30pm - 8:00pm	
4. Premises Address Bradow Jewelers - 217 E Main Street			
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 Dennis@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/wine-walk	
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. Bradow Jewelers - Retail sales floor, inside only			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
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Last Name Hertel		First Name Dennis	
Title Executive Director		M.I. K	
Email dennis@watertownchamber.com		Phone 920 988 5241	
Signature 		Date 5-29-24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/29/24	License Number 2024-044
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality
Watertown

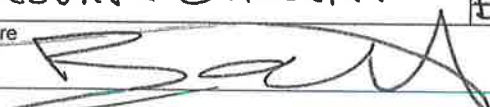
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$

Part A: Organization Information		
1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main Street		
3. City Watertown	4. State Wi	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 519 E Main Street		
7. FEIN 39-0689225	8. Date of Organization/Incorporation August	9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320	11. Email bonnie@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) n/a		

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) 434-0927
Van Ert	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	920 988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 8 th Annual Wine Walk			
2. Dates of Operation September 5 th , 2024		3. Hours of Operation 4:30pm - 8:00pm	
4. Premises Address Browns Shoes - 212 E Main Street			
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 Dennis@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/winewalk	
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. Brown's Shoes - Retail sales floor, inside only			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
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Last Name Hertel		First Name Dennis	
Title Executive Director		M.I. K	
Email dennis@watertownchamber.com		Phone 920 988 5241	
Signature 		Date 5-29-24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/29/24	License Number 2024-045
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality
Watertown

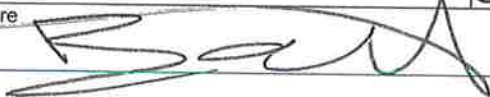
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$

Part A: Organization Information			
1. Organization Name Watertown Area Chamber of Commerce			
2. Organization Permanent Address 519 E Main Street			
3. City Watertown		4. State WI	5. Zip Code 53097
6. Mailing Address (if different from permanent address) 519 E Main Street			
7. FEIN 39-0689225	8. Date of Organization/Incorporation August		9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320	11. Email bonnie@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) n/a			

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) 434-0927
Van Ert	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	(920) 988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 8 th Annual Wine Walk			
2. Dates of Operation September 5 th , 2024		3. Hours of Operation 4:30pm - 8:00pm	
4. Premises Address Central Block - 300 E Main Street			
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 Dennis@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/winewalk	
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. Central Block - Retail sales floor, inside only			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
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Last Name Hertel		First Name Dennis	
Title Executive Director		M.I. K	
Email dennis@watertownchamber.com		Phone 920 988 5241	
Signature 		Date 5-29-24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/29/24	License Number 2024-046
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality
Watertown

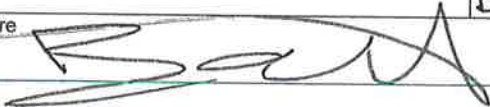
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$

Part A: Organization Information				
1. Organization Name Watertown Area Chamber of Commerce				
2. Organization Permanent Address 519 E Main Street				
3. City Watertown			4. State Wi	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 519 E Main Street				
7. FEIN 39-0689225		8. Date of Organization/Incorporation August		9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320		11. Email bonnie@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) n/a				

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) 434-0927
Van Ert	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	(920) 988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 8 th Annual Wine Walk			
2. Dates of Operation September 5 th , 2024		3. Hours of Operation 4:30pm - 8:00pm	
4. Premises Address Draeger's Floral - 618 E Main Street			
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 Dennis@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/winewalk	
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. Draeger's Floral - Retail Sales floor, inside only			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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.</p>			
Last Name Hertel		First Name Dennis	
Title Executive Director		M.I. K	
Email dennis@watertownchamber.com		Phone 920 988 5241	
Signature 		Date 5-29-24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/29/24	License Number 2024-047
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Fuelify

Form
AB-220

Temporary Alcohol Beverage License

Municipality
Watertown

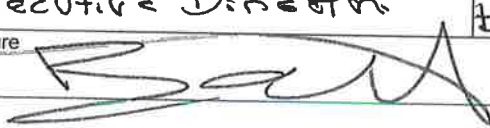
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$

Part A: Organization Information				
1. Organization Name Watertown Area Chamber of Commerce				
2. Organization Permanent Address 519 E Main Street				
3. City Watertown		4. State WI	5. Zip Code 53094	
6. Mailing Address (if different from permanent address) 519 E Main Street				
7. FEIN 39-0689225		8. Date of Organization/Incorporation August		9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320		11. Email bonnie@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) n/a				

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) 434-0827
Van Ert	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	920 988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 8 th Annual Wine Walk			
2. Dates of Operation September 5 th , 2024		3. Hours of Operation 4:30pm - 8:00pm	
4. Premises Address Fuelify - 114 N. Water Street			
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 Dennis@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/winewalk	
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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 Hertel		First Name Dennis	
Title Executive Director		M.I. K	
Email dennis@watertownchamber.com		Phone 920 988 5241	
Signature 		Date	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/29/24	License Number 2024-048
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality
Watertown

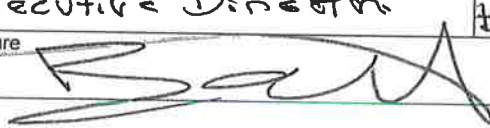
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$

Part A: Organization Information				
1. Organization Name Watertown Area Chamber of Commerce				
2. Organization Permanent Address 519 E Main Street				
3. City Watertown			4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 519 E Main Street				
7. FEIN 39-0689225		8. Date of Organization/Incorporation August		9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320		11. Email bonnie@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) n/a				

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) 434-0827
Van Ent	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	920 988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 8 th Annual Wine Walk			
2. Dates of Operation September 5 th , 2024		3. Hours of Operation 4:30pm - 8:00pm	
4. Premises Address Oswald Konz - 118 W Main Street			
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 Dennis@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/winewalk	
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. Oswald Konz - Lobby only - inside			

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 Hertel		First Name Dennis	
Title Executive Director		M.I. K	
Email dennis@watertownchamber.com		Phone 920 988 5241	
Signature 		Date 5-29-24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/29/24	License Number 2024-049
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-220

Temporary Alcohol Beverage License

Municipality
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	\$

Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main Street		
3. City Watertown	4. State Wi	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 519 E Main Street		
7. FEIN 39-0689225	8. Date of Organization/Incorporation August	9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320	11. Email bonnie@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) n/a		

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) 434-0927
Van Ert	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	(920) 988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 8 th Annual Wine Walk			
2. Dates of Operation September 5 th , 2024		3. Hours of Operation 4:30pm - 8:00pm	
4. Premises Address Rock River Chimney - 216 South 3 rd Street			
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 Dennis@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/winewalk	
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. Rock River Chimney & Fire Place - show room, inside only			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p>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.</p>			
Last Name Hertel		First Name Dennis	M.I. K
Title Executive Director	Email dennis@watertownchamber.com	Phone 920 988 5241	
Signature 		Date 5-29-24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/29/24	License Number 2024-050
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Thrivent

Form
AB-220

Temporary Alcohol Beverage License

Municipality
Watertown

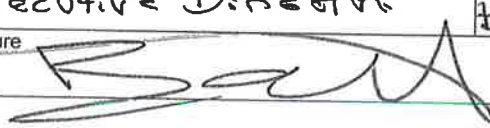
License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$

Part A: Organization Information				
1. Organization Name Watertown Area Chamber of Commerce				
2. Organization Permanent Address 519 E Main Street				
3. City Watertown			4. State WI	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 519 E Main Street				
7. FEIN 39-0689225		8. Date of Organization/Incorporation August		9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320		11. Email bonnie@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) n/a				

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) 434-0827
Van Ent	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	(920) 988-5241

Continued →

Part C: Event Information			
1. Name of Event (if applicable) 8 th Annual Wine Walk			
2. Dates of Operation September 5 th , 2024		3. Hours of Operation 4:30pm - 8:00pm	
4. Premises Address Thrivent Financial - 116 South 3 rd Street			
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 Dennis@watertownchamber.com	
13. Organizer Website watertownchamber.com		14. Event Website watertownchamber.com/winewalk	
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. Thrivent Financial - Lobby only, inside only			

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 Hertel		First Name Dennis	
Title Executive Director		M.I. K	
Email dennis@watertownchamber.com		Phone 920 988 5241	
Signature 		Date 5-29-24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/29/24	License Number 2024-051
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

white Oak

Form
AB-220

Temporary Alcohol Beverage License

Municipality
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	\$

Part A: Organization Information

1. Organization Name Watertown Area Chamber of Commerce		
2. Organization Permanent Address 519 E Main Street		
3. City Watertown	4. State Wi.	5. Zip Code 53094
6. Mailing Address (if different from permanent address) 519 E Main Street		
7. FEIN 39-0689225	8. Date of Organization/Incorporation August	9. State of Organization/Incorporation Wisconsin
10. Phone 920-261-6320	11. Email bonnie@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) n/a		

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) 434-0927
Van Ert	Bridget	Vice Chair	(920) 248-1155
Johnson	Jennifer	Secretary	(608) 852-5565
Hertel	Bonnie	Executive Director	(920) 988-5241

Continued →

Part C: Event Information

1. Name of Event (if applicable)

8th Annual Wine Walk

2. Dates of Operation

September 5th, 2024

3. Hours of Operation

4:30pm - 8:00pm

4. Premises Address

White Oak Builders - 14 E Main Street

5. City

Watertown

6. State

WI

7. Zip Code

53094

8. County

Jefferson

9. Governing Municipality

☒ City ☐ Town ☐ 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

Dennis E watertownchamber.com

13. Organizer Website

watertownchamber.com

14. Event Website

watertownchamber.com/winewalk

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

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

Hertel

First Name

Dennis

M.I.

K

Title

Executive Director

Email

dennis@watertownchamber.com

Phone

920 988 5241

Signature



Date

5-29-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

05/29/24

License Number

2024-052

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk