

Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
<b>Total Fees</b>	<b>\$ _____</b>

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Lechner Holdings LLC			
2. Business Trade Name or DBA 1850 Tavern on Main			
3. FEIN 395066404		4. Wisconsin Seller's Permit Number 456-1032192987-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 10/30/2025	
8. Wisconsin DFI Registration Number L086647			
9. Premises Address 130 W Main Unit 1904			
10. City Whitewater		11. State WI	12. Zip Code 53190
13. County Walworth	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Whitewater		15. Aldermanic District
16. Premises Phone (262) 741-3930	17. Premises Email whiskeyriverjack@icloud.com		18. Website NA
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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. <i>see attached This premise is located at 130 W main w/ two floors, upper is bar room, pool room + storage areas, walk in cooler + office. 2nd floor basement</i>			
20. Mailing Address (if different from premises address) 1050 N Heairstone			
21. City Elkhorn		22. State WI	23. Zip Code 53121

### Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
Lechner	Bruce	Member	(262) 379-0890
Lechner	Sarah	Member	(262) 923-0647

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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	First Name	M.I.
Lechner	Bruce	A
Title	Email	Phone
Member	whiskeyriverjack@icloud.com	(262) 379-0890
Signature	Date	
	11-10-25	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage  
Individual QuestionnaireDate  
11/08/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Lechner Holdings LLC

2. Business Trade Name or DBA

1850 Tavern on Main

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Lechner

2. First Name

Bruce

3. M.I.

A

4. Relationship to Business (Title)

Member

5. Email

6. Phone

7. Home Address

8. City

9. State

WI

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**1. Do you currently reside in Wisconsin? ..... ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....

Years

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

WI

Walworth

State

County

State

County

State

County

State

County

Continued →



**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... ☒ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated OWI	Location City of Delavan	Conviction Date
Penalty Imposed License suspended	Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature 	Date 11/8/25
--	-----------------

Alcohol Beverage  
Individual QuestionnaireDate  
11/08/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Lechner Holdings LLC

2. Business Trade Name or DBA

1850 Tavern on Main

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Lechner

2. First Name

Sarah

3. M.I.

J

4. Relationship to Business (Title)

Member

5. Email

6. Phone

7. Home Address

8. City

9. State

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**1. Do you currently reside in Wisconsin? ..... ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....

Years

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

WI

Walworth

WI

Milwaukee

WI

Waukesha

WI

Rock

State

County

State

County

State

County

State

County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature <i>Baral Becker</i>	Date <i>11-8-25</i>
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Alcohol Beverage  
Appointment of AgentDate  
11/08/2025

## Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Lechner Holdings LLC

2. Business Trade Name or DBA

1850 Tavern on Main

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name

Lechner

2. First Name

Bruce

3. M.I.

A

4. Email

5. Phone

6. Home Address

7. City

8. State

9. Zip Code

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

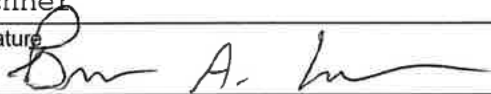
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Lechner		First Name Bruce		M.I. A
Title Member	Email whiskeyriverjack@icloud.com		Phone [REDACTED]	
Signature			Date	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Lechner		First Name Bruce		M.I. A
Signature 			Date 11/8/25	



Alcohol Beverage  
Appointment of AgentDate  
11/08/2025

## Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Lechner Holdings LLC

2. Business Trade Name or DBA

1850 Tavern on Main

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name

Lechner

2. First Name

Sarah

3. M.I.

J

4. Email

5. Phone

6. Home Address

7. City

8. State

9. Zip Code

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Lechner		First Name Sarah	M.I. J
Title Member	Email [REDACTED]	Phone [REDACTED]	
Signature <i>Sarah Lechner</i>		Date 11-8-25	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 <i>Lechner</i>		First Name <i>Sarah</i>	M.I.
Signature <i>Sarah Lechner</i>		Date 11-8-25	



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

000361

Letter ID L2075460016

LECHNER HOLDINGS LLC  
LECHNER HOLDINGS LLC  
1050 N HEARTHSTONE ST  
ELKHORN WI 53121-4535

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** LECHNER HOLDINGS LLC  
**Business name:** 1850 TAVERN ON MAIN  
130 W MAIN ST  
WHITEWATER WI 53190-1904

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- ~~This permit must be displayed at the place of business and is not valid at any other location.~~
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-1032192987-04



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-327-0235  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

000360

LECHNER HOLDINGS LLC  
LECHNER HOLDINGS LLC  
1050 N HEARTHSTONE ST  
ELKHORN WI 53121-4535

Letter ID L0129302960



## Wisconsin Business Tax Registration Certificate

**Expiration date:** October 31, 2027  
**Legal/real name:** LECHNER HOLDINGS LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1032192987-04
Withholding Tax	Withholding Tax	036-1032192987-02

**CITY OF WHITEWATER**  
**ALCOHOL LICENSE HOLDERS HOURS OF OPERATION STATEMENT.**  
**(Required pursuant to Section 5.20.032(C) of the Whitewater Municipal Code**  
**LICENSING YEAR: July 2024 – June 2025.**

Trade Name & Address of Establishment:

1850 Tavern on Main  
130 W. Main St. WW, WI 53190

Name Wisconsin Seller's Permit is Issued to & I.D. Number:

See attached

Days and Hours Establishment will regularly be open for business\*\*:

7 days week 11am - 2am as allowed  
by statute or city, subject to  
change but

The undersigned certifies that the hours listed above are the minimum number of hours the above-named establishment will regularly be open for business. \*\*If any licensee changes its minimum required days or hours of operation stated above, the licensee shall immediately report the change in writing to the City Clerk. Licensees are not required to disclose all hours it or they expect to be open, but rather those mandatory minimum hours it will be open. Licensee also understands that Wisconsin Statutes require that a licensed beverage operator be on the premises during all hours the establishment is open for business. never by Ord Statutory

  
Signature of Licensee

11-8-25

Date

TO BE COMPLETED BY CLERK'S OFFICE

HOW MANY DAYS OPEN PER YEAR (MUST MEET MINIMUM NO. OF HOURS): \_\_\_\_\_

## CLASS "B" RETAIL LICENSE

NO. 09-0623-32

COMBINATION  
FORM

for the sale of:

\$ 500.00

## FERMENTED MALT BEVERAGES and INTOXICATING LIQUORS

WHEREAS, the local governing body of The Town of Sugar Creek, County of Walworth, Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "B" License to

WHISKEY RIVER JACK - BRUCE & SARAH LECHNER - Agent to sell Fermented Malt Beverages as defined by and pursuant to Section 125.26 of the Statutes of the State of Wisconsin and Local Ordinances and the said applicant has paid to the treasurer the sum of \$ 500.00 for such Class "B" Retailer's Fermented Malt Beverage License as required by local ordinances. AND WHEREAS, the local governing body has granted and authorized the issuance of a Class "B" Intoxicating Liquor License to said applicant to sell intoxicating liquor as defined in and pursuant to Section 125.51 (3) of the Statutes of the State of Wisconsin and local ordinances and the said applicant has paid to the treasurer the sum of \$ 500.00 for such Class "B" Intoxicating Liquor License as provided by local ordinances and has complied with all the requirements necessary for obtaining such licenses, LICENSES ARE HEREBY ISSUED to said applicant to sell, deal and traffic in, at retail, Fermented Malt Beverages and Intoxicating Liquors at the following described premises: W6904 Cty Rd A, Elkhorn, WI 53121

The premises has a bar with dining area. Horseshoe pits outside. Storage in bar area, four cooler upstairs, office on 1<sup>st</sup> level on the floor, freezer and shelving units.

FOR THE PERIOD from June 30, 20 25 to June 30, 20 26

State of Wisconsin, County of Walworth

Sara Morin being first duly sworn, on oath says that (s)he is the Clerk of the Town of Sugar Creek, in said county, that (s)he issued the license to which this affidavit is affixed; and that (s)he has mailed to the Department of Revenue at Madison, Wisconsin a copy of the application for such license and all information required by law to be furnished by the licensing body to said Department of Revenue relating to the applicant for such license and to said license.

Sara Morin Clerk

Subscribed and sworn to before me this 12 day

of June 25

David Baker Town Chairman

Given under my hand and the corporate seal of the Town of Sugar Creek County of Walworth, State of Wisconsin, this 12<sup>th</sup> day of June 20 25

Sara Morin Clerk

Sara Morin

(CORPORATE SEAL)

This License must be FRAMED and POSTED in a conspicuous place in the room where Fermented Malt Beverages and Intoxicating Liquor are sold or served.



**APPLICATION PERMIT FOR PUBLIC ENTERTAINMENT**

Provided for in **Section 5.48.060** of Code of General Ordinances of the **CITY OF WHITEWATER**

Applicant Name: Sarah Lechner  
Address: ~~#155~~ 130 W Main  
Location of Entertainment: bar area 130 W Main  
What type of entertainment is to be conducted? pool, darts, & bingo  
Dates of Days of week to be used: unknown  
Type(s) of Entertainment: pool, darts  
Full Name of Individual in charge: Sarah Lechner  
Date of Birth: 4/20/71 Place of Birth: [REDACTED]  
Driver's License No. [REDACTED]  
Telephone No. [REDACTED]  
E-mail: [REDACTED]  
11-10-25 Sarah Lechner  
Date of Application Signature of Individual in Charge

**INSPECTION**

**INSPECTION:** Inspection of the premises will be made by the Chief of Police and Building Inspector prior to the commencement of the event, in order to determine that the conduct of the entertainment shall be safe, wholesome, and in accordance with the Code of Ordinances of the City of Whitewater.

Inspection made on: \_\_\_\_\_

Approved: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

Unapproved: \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

**CLERK**

City Manager \_\_\_\_\_ Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ Date \_\_\_\_\_

License Granted: \_\_\_\_\_ or not Granted: \_\_\_\_\_

Fee: **\$40**

\_\_\_\_\_  
City Clerk