

# City of Watertown Event Planning Guide



THE CITY OF  
**WATERTOWN**

*Opportunity runs through it.*

The **APPLICANT** is responsible for assuring they have all necessary reservations, permits and licenses prior to hosting the special event. Failure to obtain any of the necessary permits/licenses are grounds to suspend the event. The City Code can be obtained online at <https://ecode360.com/WA3515> or in the City Clerk's Office. Incomplete applications will not be accepted.

### EVENT PLANNING FOR APPLICANT

<b>Contact the City Clerk for the following additional licenses, permits and necessary information.</b>		
Will there be food served at the event? If yes, explain (i.e. food truck, food stand, catered, etc.):	<input type="checkbox"/> Yes  <input type="checkbox"/> No	When serving food, you must also contact the Watertown Health Department: 920-262-8090
Will there be vendors selling merchandise?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Transient Merchants are exempt from City permitting when participating in a special event; however, a list of vendors is required ten (10) business days before the event.
Will your event have employees, volunteers, and hired/volunteer entertainers who are responsible for the supervision or care of minors or whose duties will require close contact or alone time with minors?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, a verified list of names that have been checked against the online national sex offender public website is required ten (10) business days before the event.
Will alcohol beverages be sold/served/consumed? *Temp Class B License required *Open Container application may be required *Beer/wine must be purchased from a wholesaler. *Liquor Liability Insurance Required.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	A Temporary Class "B"/"Class B" License is required to sell, serve or consume beer or wine (no liquor). Eligibility requirements apply. If you have an establishment licensed for alcohol and wish to expand the licensed premises into adjacent property, an application requesting a temporary premises amendment is required. Applications can be obtained from the City Clerk.
Will your event have licensed bartenders?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	If serving alcohol, you are required to have licensed bartenders serving. Applications to for an operator's license (bartender) or a temporary operator's license can be obtained from the City Clerk. Eligibility requirements apply.
Will your event include any of the following:  Run _____ Walk _____ Bike Tour _____ Bike Race _____ Parade _____ Other Procession _____  *if multiple activities, please submit legible route for each.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	A legible route map and turn-by-turn list must be submitted; include assembly area, starting point and termination point, and barricade placement.  Approval of route by Police and Public Works is required.
Will your event include a carnival, circus or amusement rides of any kind?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	A Carnival or Circus Permit is required. Applications can be obtained from the City Clerk.
Does the event involve any show or exhibition of animals? A special use permit (550-52J) and Health Department animal permit (228-10) may be required.	<input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, a special use permit (550-52J) and Health Department animal permit (228-10) may be required.
Will your event include horse drawn carriage rides?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Provide contact information on application.
Will fireworks or pyrotechnic special effects be used during event?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	A Firework Permit is required to be filed with the City Clerk subject to Mayor approval and subject to insurance requirements.
<b>Contact the Inspection Department and/or the Fire Department for the information that may be required.</b>		
Will you be using temporary signs to advertise your event prior to the day of the event?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, reference Sec. <b>§550-129 Signs &amp; Projections</b> of the Municipal Code or contact the Zoning Department.

Do you intend to have Fire/EMS vehicle access lanes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency vehicle access lanes are required (minimum 20 feet). Contact Fire Department for details.
<b>Contact the Parks &amp; Recreation Department for the requirements and necessary information.</b>		
Will the event be held in a city park or utilize any park facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reservations need to be made with the Parks & Recreation Department.
Will the event be held on private property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A signed statement from the property owner that applicant has permission to use said property for the special event is required.
Will there be a live amplified sound? If Yes, explain:  Band _____ DJ _____ Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amplified Sound Permit is required if the event is located in a city park. Amplified Sound Permits can be obtained from the Park and Rec Department. Noise is regulated in the City of Watertown; see Sec. <b>§410.40E</b> of the Municipal Code.
Will the event be selling concessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Concessions permit/Temporary Concessions permit can be obtained from the Park and Rec Department.
Will the event have parking on park property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Apply to the Parks and Recreation Director as provided in Watertown Municipal Code <b>§ 398- 5B</b> .
<b>Contact the Police Department (non-emergency) for necessary information.</b>		
Do you have a security plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A security plan is required. <i>Plans will be kept confidential.</i>
Do you have an Emergency Action Plan for accidents, injuries, fires, severe weather, lost child, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	An Emergency Action Plan is required. <i>Plans will be kept confidential.</i>
Has a private security firm been retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide security firm contact information on the Emergency Action Plan.
<b>Contact the Street Department and/or Police Department for necessary information.</b>		
Do you intend to use a street, alley or right-of- way?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe area in description of the event and mark area on required map.
Will your event include closure of a highway (state or county)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permission must be granted by the State of WI Department of Transportation through the Police Department
Do you need barricades for your event?  If yes, include placement in the event map. If no, provide a traffic control plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Barricades may be provided by the city. Cost can be found on the Event Fee Schedule. Estimated costs will be invoiced prior to the event with 50% due and a final bill sent at the conclusion of the event.
Will your event need temporary fencing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate where fencing will be placed on event map.
Do you have an established traffic control plan? If not using City traffic control equipment (i.e. cones and barricades) submit your proposed traffic control plan with application.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upon request, the Police & Street Department can assist with developing a traffic plan i.e. barricades or signage placement and / or if Auxiliary Police would be needed.
Do you have a waste management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate waste receptacles are required and haul away fees may be applicable.
Do you have a parking plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have handicap parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Applicant understands that extraordinary service fees may be billed as a result of the event. Applicant will pay the actual costs for the use of equipment, resources, or services if the event requires more than the reasonable and necessary services provided by the city.</p> <p>Extraordinary services do not include the provision of police protection against hostile individuals targeting the event's message or intentions.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>The city will invoice the event organizer 10 business days prior to the event with an estimated cost with 50% due prior to the event.</p> <p>Failure to pay will void the application. After the conclusion of the event a final invoice will be sent for any remaining costs. Payment shall be made within thirty (30) days of the invoice.</p> <p>If any traffic control materials are missing or returned damaged, fee for replacement/repair will be invoiced</p>

### EVENT CHECKLIST FOR APPLICANT

***All forms are to be turned into the City Clerk's Office unless otherwise noted.***

***Incomplete applications will be returned. Please call if you have questions.***

- Special Event Application *(complete and signed)*.
- Special Event Application Fee *(cash or check payable to City of Watertown.)*
- Indemnification and Hold Harmless signed.
- Special Event Application Fee and Extraordinary Services acknowledgement signed.
- Security and Emergency Action Plan with Police and Fire Department approval.
- Certificate of Liability Insurance AND Additional Insured Endorsement.
- Photocopy of Tax-Exempt Number, if applicable. *\*Required to avoid sales tax if being billed for materials i.e. barricades.*
- Photocopy of Wisconsin Seller Permit, if applicable. *\*Required unless exempt pursuant to Wis. Stat. 77.54 (7m).*
- Map of Special Event area; include any street, alley or right-of-way closed for the special event and placement of barricades. Site plan must include, as applicable, alcohol sales location(s), stages, temporary structures, vendors, carnival, portable toilets, garbage/recycling receptacles and dumpsters, fencing, exit locations for fenced events, accessible paths, handicap parking, access for emergency vehicles and personnel.
- Turn by turn list of parade/procession; also include assembly area, starting point and termination point, and where any barricades will be placed.
- Merchandise/Food Vendor List. *\*Due no less than ten (10) business days before the event to the City Clerk.*
- List of the legal names of all employees, volunteers, and hired/volunteer entertainers who are responsible for the supervision or care of minors, or whose duties would require close contact and/or alone time with minors at the event. *\*Due no less than ten (10) business days before the event to the City Clerk.*
- Statement from property owner for private property event location, if applicable.
- all other applicable applications to City Departments – responsibility of applicant.







# SECURITY & EMERGENCY ACTION PLAN

Below is the standard Security and Emergency Action Plan required by the City of Watertown. The applicant may use the template provided or their own plan that meets all required information. The applicant must meet to discuss their Security & Emergency Action Plan with both the Police Department and Fire Department. Once approved the department will sign off and make a copy to place in their records. Applicant should retain a copy to share with all Event Organizers. Plans must be approved by the Police and Fire Department and will be kept confidential.

## I. GENERAL

\_\_\_\_\_ will be held on \_\_\_\_\_ at \_\_\_\_\_  
 EVENT NAME DATE GENERAL LOCATION/ADDRESS/PARK NAME

## II. PURPOSE

- III. This emergency action plan predetermines actions to take before and during the "EVENT NAME" (hereinafter referred to as the event) in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- IV. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

## V. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

## VI. BASIC PLAN

### A. Emergency Action Plan (EAP) Event Representative

1. The EAP event representative will be identified as the point of contact for all communications regarding the events EAP. This person is identified as PRIMARY CONTACT.

### B. Emergency Notification

1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.
2. We  will/  will not have on-site EMS. \_\_\_\_\_  
 CONTACT NAME/CELL NUMBER
3. We  will/  will not have on-site Police or Security. \_\_\_\_\_  
 CONTACT NAME/CELL NUMBER

### C. Severe Weather

1. Weather forecasts and current conditions can be monitored through the [National Weather Service's Madison Weather Forecast website](#).
2. Before the event - If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative will be responsible for monitoring the weather conditions before and during the event.
3. During the event - If severe weather occurs during the event, the EAP event representative will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.
4. There are very limited provisions for sheltering participants in the event of severe weather.
5. This event will follow the 30-30 Rule for lightning. If lightning is observed and thunder is heard within 30 seconds, the event will be delayed until 30 minutes have passed since thunder was last heard.
6. The EAP representative is aware of the event location shelter areas. \_\_\_\_\_ (EAP Rep initials)



**D. Fire**

1. If a specific hazard has been identified as an increased risk of fire at this event, event organizer will work with the Fire Department to determine how to address the hazard.
2. All event staff will be instructed on the safe use of Portable Fire Extinguishers.
3. If cooking is intended, you must contact the fire department and -
  - a) Must have a valid fire extinguisher, 2A10BC
  - b) Each space is allowed 1 LP tank per cooking device. All LP tanks are to be secured in an approved manner (tied, strapped, chained, etc.)
  - c) No cooking shall be allowed under a tent. Cooking shall be a minimum of 20' away from tents/canopies.
  - d) Cooking must be on a non-combustible surface (grease collection material generally required under cooking and food service areas)
4. Fire Inspectors may be required to do an inspection of your event (depends on size and nature of the event), contact the Fire Department for guidelines
5. All tents/canopies used for cooking shall have a FLAME SPREAD Certification attached to the tent.
6. Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.

**E. Medical Emergencies**

1. As with any outdoor event, there is potential for injury to the participants. The types of injuries are various and include those that are heat related as well as traumatic injuries.
2. Event organizer shall contact the Fire Department to determine if there is a need for on-site Emergency Medical Services at this event.
3. Should an incident occur that requires Emergency Medical Services to be called to this event, the caller will have the following information available to give to the 911 Center:
  - a) nature of emergency
  - b) precise location
  - c) contact person with callback number
4. Will your event have a first aid station and where will it be located \_\_\_\_\_

**F. Law Enforcement**

1. The need for constant Law Enforcement presence at this event  has /  has not been identified. Event organizer shall contact the Police Department to determine if there is a need for Law Enforcement presence at this event
2. Have you contacted the Police Department to review this Security and Emergency Action Plan
  - a) Name of Police Officer \_\_\_\_\_
  - b) Date of Meeting: \_\_\_\_\_
  - c) Was the plan approved? Yes or No
3. Should an incident occur that requires Law Enforcement, to be called to this event, the caller will have the following information available to give to the 911 Center:
  - a) nature of emergency
  - b) precise location
  - c) contact person with callback number

**G. Emergency Vehicle Access**

1. Access for Emergency Vehicles will be maintained at all times.
2. 20' Fire Lanes are required to be kept open at events.
3. A 14' minimum height clearance requirement for anything that goes over a street or fire lane
4. Participants and spectators will be directed to park in approved areas and not to obstruct protective features, sidewalks or public thoroughways.
5. Crowd control will be managed by \_\_\_\_\_
6. Parking for vendor and staff vehicles will be \_\_\_\_\_
7. Parking for attendee vehicles will be \_\_\_\_\_

**H. Lost Child Protocol**

1. Lost Child Check Points will be \_\_\_\_\_
2. Event staff will arrange for an announcement through the PA system (if available). The name and details of the child will NOT be broadcast.
3. If a child gets lost, they will be taken to the Lost Child Check Point. Follow this protocol:



**Will Beer/Wine be sold at the event?**

Yes  No

*If Yes, please continue. If No, skip this form.*

**\*\*Temporary Class "B"/"Class B" License is required for the sale of Wine or Fermented malt beverages – Liquor is not permitted. (\$10.00 per event).**

- License authorizes the sale of wine in an original package, container, or bottle, or by glass if the wine is dispensed directly from an original package, container or bottle at a particular picnic or similar gathering.
- Issued only to: Bona fide clubs, State, county, or local fair associations, or agricultural societies, Churches, lodges, or societies that have been in existence for at least 6 months prior to the date of application, Posts of veteran’s organizations, Chambers of commerce or similar civic or trade organizations organized under ch. 181, Wis. Stat
- License may not be issued to individuals
- License may cover either a specified area or the entire picnic grounds
- Licensed operator(s) must be present at all times
- Not more than 2 wine licenses may be issued to any club, county or local fair association, agricultural association, church, lodge, society, chamber of commerce or similar civic or trade organization or veterans' post in any 12 month period. A municipality may issue up to 20 wine licenses to the same licensee if: 1) each license is issued for the same date and times, 2) the licensee is the sponsor of an event held at multiple locations within the municipality on this date and at these times, 3) an admission fee is charged for participation in the event and no additional fee is charged for service of alcohol beverages at the event, and 4) within the immediately preceding 12-month period, the municipality has issued these multiple licenses for fewer than 2 events. In addition, each event for which multiple licenses are issued shall count as one license toward the 2- license limit.
- Licensed organizations must purchase their alcohol beverages only from permitted Wisconsin wholesalers, breweries and brewpubs
- Subject to Common Council approval

**\*\*Outdoor Open Container (fee included with Temporary Class B Application)**

- Special event located in any public area, including the streets, sidewalks and rights-of-way located within the City of Watertown, where the possession and consumption of "fermented malt beverages" and/or "wine" from an open container is permitted subject to an approved application
- Event must also have applied for a Temporary Class B license pursuant to Chapter 220 of the City of Watertown Municipal Code and Ch. 125, Wis Stats
- OPEN CONTAINER - A paper or plastic cup which does not exceed 16 fluid ounces in size, bearing the "outdoor open container entertainment event's" printed name and/or logo, located within the "outdoor open container entertainment event" boundaries
- Application shall comply with the requirements of § 428-7E, of the City of Watertown Municipal Code

Have you applied for the Temp B License (from the City Clerk’s Office)?  Yes  No

Have you applied for an Outdoor Open Container (from the City Clerk’s Office)?  Yes  No

Application for a temporary premises amendment to expand an alcohol beverage license – public or private property  Yes  No

**Licensed Bartenders.**

Will your event have licensed bartenders serving alcohol? Must have City of Watertown Beverage Operator’s License  Yes  No

Temporary Operator’s License (see section 220-3 I) \$15.00 Must apply and are Subject to background check  
 Only issued to operators employed by, or donating their services to, nonprofit corporations  
 No individual may hold more than one temporary operator’s license in any single consecutive 12 month period  
 Valid for any period from one day to 14 days



Form AB-220

Temporary Alcohol Beverage License

Municipality City of Watertown

Table with License(s) Requested and Fees columns. Includes checkboxes for Temporary 'Class B' Wine and Temporary Class 'B' Beer, and fee breakdown for License Fees, Background Check, and Total Fees.

Part A: Organization Information. Fields include Organization Name, Permanent Address, City, State, Zip Code, Mailing Address, FEIN, Date of Organization/Incorporation, State of Organization/Incorporation, Phone, Email, Organization type (checkboxes for Bona Fide Club, Church, Fair Association, Veteran's Organization, Lodge/Society, Chamber of Commerce), and Seller's permit information.

Part B: Individual Information. Includes instructions for listing officers, directors, and agents, and a table with columns for Last Name, First Name, Title, and Phone.

<b>Part C: Event Information</b>			
1. Name of Event (if applicable)			
2. Dates of Operation		3. Hours of Operation	
4. Premises Address			
5. City		6. State	7. Zip Code
8. County	9. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		10. Aldermanic District
		of: _____	
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website		14. Event Website	
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.			

<b>Part D: Attestation</b>			
Who must sign this application?			
• one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
Title	Email		Phone
Signature		Date	

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

# Form AB-220 Instructions

## Temporary Alcohol Beverage License Application

### Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get an alcohol beverage license (sec. [125.09\(1\)](#), Wis. Stats.).

### Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

### Who may receive a temporary alcohol beverage license?

Only the following nonprofit organizations may receive a temporary alcohol beverage license (sec. [125.26\(6\)](#), Wis. Stats.):

- bona fide clubs, whether incorporated or not, which own, lease, or occupy a building or portion thereof used exclusively for club purposes, which is operated solely for a recreational, fraternal, social, patriotic, political, benevolent or athletic purpose but not for pecuniary gain and which only sells alcohol beverages incidental to its operation
- local chambers of commerce organized under ch. 181, Wis. Stats. or a similar civic or trade organization organized under ch. 181, Wis. Stats., to promote economic growth and opportunity within a local geographical area
- state, county, or local fair associations or agricultural societies
- churches, lodges or societies that have been in existence for at least 6 months before the date of application
- posts of veterans organizations

### What types of events are temporary alcohol beverage licenses used for?

Picnics and similar gatherings of limited duration are the types of events that may qualify to use a temporary alcohol beverage license (sec. [125.26\(6\)](#), Wis. Stats.). Some examples of events where a temporary alcohol beverage license may be required include fundraisers, meetings of the post, picnics open to the public, fair booths, wine or beer walks, festivals, and more.

### What activities are authorized under a temporary alcohol beverage license?

An organization that holds a temporary alcohol beverage license may sell, serve, and allow consumption of wine and/or beer at an event hosted by the organization on the premises approved by the municipal governing body. Organizations may host gatherings requiring an entrance fee to the event that includes service of alcohol beverages or may charge for the beer or wine by the glass. A chamber of commerce or similar trade organization may hold up to 20 temporary alcohol beverage licenses for purposes of organizing a wine or beer walk. Temporary alcohol beverage licenses do not authorize consumption or sale of distilled spirits. See [Publication 309](#), *Retail Alcohol Beverage Licensing Guide for Municipalities*, and [Publication 302](#), *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*, for more details.

## Specific Instructions

### *Municipality*

- In the upper right hand corner, list the name of the city, town, or village for which you are applying for a temporary alcohol beverage license.

### *License(s) Requested and License Fees:*

- Select the alcohol beverage license(s) you would like to apply for.
- The license fee is \$10 regardless of whether you are applying for one or both types of temporary alcohol beverage licenses. Your municipality may charge background check fees to determine your organization's fitness to hold the license.

### *Part A: Organization Information*

- Enter all contact information for the organization. Use a general phone and email address where a municipal clerk can reach your organization during business hours.

- Box 7: Enter the [federal employer identification number](#) for the organization. Every organization must have an employer identification number (EIN), even if it will not have employees. The EIN is a unique number that identifies the organization to the Internal Revenue Service.
- Box 11: Check one box to describe your organization's purpose or function. If you cannot check one of these boxes, you may not qualify for a temporary alcohol beverage retail license.
- Box 12: Check yes or no to indicate if your organization is required to hold a Wisconsin seller's permit for sales and use tax purposes. Some nonprofit organizations are not required to hold a seller's permit if they qualify for the occasional sales exemption. See Part 4 of [Publication 206, Sales Tax Exemptions for Nonprofit Organizations](#), for the standards that must be met to qualify for the occasional sales exemption.
- Box 13: If Box 12 is yes, enter your seller's permit number. Seller's permits begin with the digits "456." For questions about obtaining a seller's permit, see [Seller's Permit Common Questions](#).

#### *Part B: Individual Information*

- Provide the names, titles and phone numbers for officers, directors, and the agent of the organization. Titles of persons requiring disclosure include, but are not limited to: President, Treasurer, Executive Director, Board Member. Obtain and submit Form [AB-100, Alcohol Beverage Individual Questionnaire](#), with your application for each person listed.
- Corporations must appoint an agent for this application. List the name of the agent in this section and include Form [AB-101, Alcohol Beverage Appointment of Agent](#), with this application. The agent of your organization must reside in Wisconsin.

#### *Part C: Event Information*

- Box 1: Insert the event name. If this event will be advertised to the public or membership, use the name included on that information.
- Box 2: Insert the dates of the event. Attach a listing of event dates if more space is needed.
- Box 3: Insert the hours of operation for the event dates.
- Boxes 4-10: Enter the address for the event premises. Also enter the county, local jurisdiction, and aldermanic district in which the premises is located.
- Box 11: Insert the name of the event organizer if the license applicant is not the organizer of the event.
- Boxes 12-14: Provide contact information for the event organizer, the organizer's website, and the event website, if applicable.
- Box 15: Describe the premises in detail. Attach a floor plan, festival layout, map, or diagram if possible.

**Example:** The premises is located at 1234 Main St., Realtown, WI, 12345, and includes only the first-floor bar room, dining room, kitchen, and south office of the 5,000 square foot building.

**Example:** The premises is the 1,000 square foot tent within the southwest corner of the parking lot located at XYZ Church at 3456 Main St., Realtown, WI, 12345. All sales and storage of alcohol beverages and records will occur within the 1,000 square foot tent in the southwest corner of the parking lot.

**Example:** The premises is located at PDQ Park (7890 Main St., Realtown, WI, 12345). A 5,000 square foot tent will be constructed in the northeast corner of the park bordering the tree line and northern fence. All alcohol beverage sales and consumption will occur at this tent. Premises includes the adjacent north park office and the space between the tent and the office. Beverages and records will be securely stored in the north park office for the duration of the event.

#### *Part D: Attestation*

- One officer or director of the organization must sign the application.
- Read the attestation carefully, then sign and date.

#### *Part E: For Clerk Use Only*

- "Date license granted" means the date the municipal governing body approved the license to be issued.
- "Date license issued" means the date the municipal clerk physically issued the license certificate document.

## Completion and Submission of AB-220

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- Submit a separate application for each temporary event. One application may be used to apply for a temporary event that occurs multiple times at the same premises.
- License applications must be filed with the municipal clerk at least 15 days before they can be approved by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- Include the following forms with your license application:
  - Form [AB-100](#), *Alcohol Beverage Individual Questionnaire* for all officers, directors, and agent of the nonprofit organization
  - Form [AB-101](#), *Alcohol Beverage Appointment of Agent*
  - Payment for license and background check fees, as required by your municipality
  - Any other information and documents required by your municipality

## Assistance

This form is prepared by the Department of Revenue for use by municipal governments. If you require assistance with this form, consider reaching out to your local clerk for assistance with the following:

- Submission of this application and associated forms
- Availability of certain licenses in a community

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: [DOR Alcohol Beverage \(wi.gov\)](https://www.wisconsin.gov/dor/alcohol-beverage)

Write: [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

Call: (608) 264-4573

## Resources Provided by the Department of Revenue

[License common questions](#)

[Publication 302](#), *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*

[Publication 309](#), *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#), *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#), *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#), *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#), *"Class B" Liquor License Quotas*



Save Print Clear

Form AB-100

Alcohol Beverage Individual Questionnaire

Date

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)
2. Business Trade Name or DBA
3. Entity Type (check one)
[ ] Sole Proprietor [ ] Partnership [ ] Limited Liability Company [ ] Corporation [ ] Nonprofit Organization

Part B: Individual Information
1. Last Name 2. First Name 3. M.I.
4. Relationship to Business (Title) 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

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
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	Date
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# Form AB-100 Instructions

## *Alcohol Beverage Individual Questionnaire*

### Who must complete Form AB-100?

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent*, Form AB-200, *Alcohol Beverage License Application*, or an alcohol beverage permit application.

### Where do I submit Form AB-100?

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent* to the issuer of the authorization.

### Specific Instructions

#### *Date*

- Date the form in the top right corner.

#### *Part A: Business Information*

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

**Note:** This business information must match the information on any license application (Form AB-200) or existing license certificate.

#### *Part B: Individual Information*

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

#### *Part C: Address History*

- Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

#### *Part D: Criminal History*

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

**Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.),** persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

#### *Part E: Attestation*

- Read the attestation carefully, then sign and date.

## Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses.

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

**Website:** [DOR Alcohol Beverage \(wi.gov\)](https://www.wisconsin.gov/dor/alcohol-beverage)

**Write:** [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

**Call:** (608) 264-4573

## Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#) *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#) *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#) *"Class B" Liquor License Quotas*

## OUTDOOR OPEN CONTAINER EVENT PERMIT APPLICATION

<b>The following items MUST accompany this application:</b> <ul style="list-style-type: none"> <li>Event map including fencing plans and street closures</li> <li>Specific plan indicating where patrons will be permitted to carry alcoholic beverages</li> <li>Detailed description of all public entertainment associated with the event</li> <li>Detailed security plan for the event</li> <li>Proof of insurance must be provided no later than 10 days prior to the event</li> </ul>			
<b>Section 1 – Applicant Information</b>			
Corporation/ Organization Name:			
Responsible Party:	Driver’s License # (list State if not WI):	Date of Birth:	
Address:	City:	State:	Zip Code:
Telephone Number:	E-mail Address:		
<b>Section 2 – Event Information</b>			
Name of Event:			
Purpose of Event:			
Locations/Address of Event (must include event map including fencing plans, barricades, street closures, etc.):			
Event Dates (limit 4 consecutive days):	Event Hours (must be between 6 a.m. & 11 p.m.):		
			Maximum Daily Attendance:
Have you applied for a temporary Class “B” malt or temporary “Class B” wine license for the event? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, contact Clerk’s Office to obtain proper licenses/permits. No hard liquor may be sold/served/given away at events.			
Have you applied for a special event permit for the event? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, contact Clerk’s Office to obtain proper licenses/permits.			
TEMP B PERMIT # (office use only)	Date Application Received:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

## INSURANCE

Each applicant shall furnish to the City, no later than 10 days prior to the event, a certificate of insurance written by a company licensed in the State of Wisconsin, approved by the City Attorney and covering any and all liability or obligations which may result from the operations by the applicant's employees, agents, contractors or subcontractors, and including workers' compensation coverage in accordance with Ch. 101, Wis. Stats. The certificate shall provide that the company will furnish the City with a 10-day prior written notice of cancellation, nonrenewal or material change. The insurance shall be written in comprehensive form and shall protect the applicant and City against claims arising from injuries to members of the public or damage to property of others arising out of any act or omission of the applicant, its employees, agents, contractors and subcontractors. The policy of insurance shall provide minimum combined single limits for bodily injury and property damage of at least \$1,000,000.00 per person/aggregate.

I hereby make an application for an Outdoor Open Container Entertainment Event Permit as detailed above. The applicant agrees to indemnify and hold harmless the City from and against all liabilities, claims, demands, judgments, losses and all suits at law or in equity, costs and expenses, including reasonable attorney fees, for injury or death of any person or loss or damage to the property of any person, firm, organization or corporation, arising in any way as a consequence of the granting of a permit for an Outdoor Open Container Entertainment Event.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

# CITY OF WATERTOWN APPLICATION FOR TEMPORARY BEVERAGE OPERATOR LICENSE

**Applicants MUST complete ALL sections of application**

**“DO NOT WRITE IN THIS AREA”**

Type of License: **TEMPORARY**      Dates license is needed? (1 – 14 days) From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Application: \_\_\_\_\_      Fee: \$15.00, Date Paid: \_\_\_\_\_      Receipt # \_\_\_\_\_

**THIS IS A TEMPORARY LICENSE THAT CAN ONLY BE OBTAINED ONCE IN ANY SINGLE CONSECUTIVE TWELVE (12) MONTH PERIOD. APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN!!! A POLICE CHECK WILL BE COMPLETED. PLEASE READ CAREFULLY AND ANSWER HONESTLY. FALSIFICATION AND/OR MISREPRESENTATION MAY BE GROUNDS FOR DENIAL OF LICENSE/PERMIT.**

PLEASE INITIAL HERE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT: \_\_\_\_\_

FULL NAME \_\_\_\_\_ OTHER NAMES USED (i.e. maiden name) \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_ If less than 5 years, list previous address(s) and dates: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ RACE \_\_\_\_\_

DRIVER'S LIC. NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

(\*\*IF ADDITIONAL SPACE IS NEEDED FOR THE BELOW QUESTIONS, PLEASE USE THE BACK OF THIS FORM OR ANOTHER SHEET OF PAPER\*\*)

How long have you continuously resided in Wisconsin? \_\_\_\_\_ Place of employment as an Operator: \_\_\_\_\_

Do you currently hold, or have you ever previously held, within the last five years, an operators, premises or managers license issued by the City of Watertown or any other jurisdiction? (attach proof of any current license issued outside the City of Watertown)  Yes  No

Have you ever had an operators, premises or managers license, issued by ANY jurisdiction, suspended, revoked, cancelled or acted upon in any other manner limiting the privileges of the license?  Yes  No

If yes, identify location(s) allegation(s), approximate date(s) and disposition(s): \_\_\_\_\_

Have you ever been convicted of a FELONY?  Yes  No

If yes, identify location(s) charge(s), approximate date(s) and disposition(s): \_\_\_\_\_

Have you been convicted of a MISDEMEANOR in the past 10 years?  Yes  No

If yes, identify location(s) charge(s), approximate date(s) and disposition(s): \_\_\_\_\_

Are there any pending FELONY or MISDEMEANOR charges against you? Yes  No

If yes, identify location(s) charge(s) and approximate date(s): \_\_\_\_\_

Are there any pending drug/alcohol related offenses\* against you?  Yes  No

If yes, identify location(s) charge(s) and approximate date(s): \_\_\_\_\_

Have you ever, whether as a juvenile or an adult, been convicted of drug/alcohol related offenses\* in the last 5 years?  Yes  No

If yes, identify location(s) charge(s), approximate date(s) and disposition(s): \_\_\_\_\_

Have you been denied a Beverage Operator License from any municipality in the last 5 years? Yes  No

If yes, identify the municipality, approximate date(s), and disposition(s): \_\_\_\_\_

**\*DRUG/ALCOHOL RELATED OFFENSE\* IS TO BE READ IN THE BROADEST POSSIBLE SENSE. IF YOU HAVE ANY DOUBT AS TO WHETHER AN OFFENSE IS CONSIDERED ALCOHOL/DRUG RELATED, YOU MUST DISCLOSE. \* ANY FALSE OR MISSING INFORMATION, WHETHER THE OMISSION WAS INTENTIONAL OR UNINTENTIONAL, MAY RESULT IN DENIAL OF YOUR OPERATOR'S LICENSE.**

I, the undersigned, affirm that I made complete and true answers to each question, and understand my record will become a part of this application. I understand that I am subject to a driver's license check, a local police records check, and a criminal history background check by the City of Watertown Police Department. I give permission to make my juvenile records available for this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Police Chief \_\_\_\_\_ Approved  Denied