

Temporary Alcohol Beverage License

Municipality

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

Part A: Organization Information

1. Organization Name

Two Rivers Main Street

2. Organization Permanent Address

1608 Washington Street

3. City

Two Rivers

4. State

WI

5. Zip Code

54341

6. Mailing Address (if different from permanent address)

PO Box 417

7. FEIN

39-1884042

8. Date of Organization/Incorporation

1996

9. State of Organization/Incorporation

WI

10. Phone

(920) 794-1482

11. Email

director@tworiversmainstreet.com

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? Yes No

14. Wisconsin Seller's Permit Number (if applicable)

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
Pigeon	Kristine	Board Chair	(920) 973-0074
Stevens	Travis	Vice Chair	(920) 973-1681
Kumbalek	Devin	Secretary	(920) 482-3732
Meisner	Nick	Treasurer	(920) 482-3712

Continued →

Part C: Event Information

1. Name of Event (if applicable)

Bryan Lee Memorial Blues Festival

2. Dates of Operation

July 11

3. Hours of Operation

11 am to 10 pm

4. Premises Address

1700 Washington St.

5. City

Two Rivers

6. State

WI

7. Zip Code

54241

8. County

Manitowoc

9. Governing Municipality

City

Town

Village

10. Aldermanic District

of:

11. Organizer of Event (if not the named applicant)

Two Rivers Main Street

12. Email and/or Phone Number for Organizer of Event

director@tworiversmainstreet.com

13. Organizer Website

www.tworiversmainstreet.com

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.

Central Park Pavilion/Community House

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 Ring	First Name Jason	M.I. P
Title Director	Email Director@tworiversmainstreet.com	Phone (920) 794-1482
Signature 	Date 1/20/2026	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

1-20-2026

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

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)

Two Rivers Main Street

2. Business Trade Name or DBA

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 Ring	2. First Name Jason	3. M.I. P
4. Email director@tworiversmainstreet.com	5. Phone 920-794-1482	
6. Home Address 1608 Washington Street		
7. City Two Rivers	8. State WI	9. Zip Code 54241
11. Drivers License/State ID Number [REDACTED]	10. Date of Birth 08/16/1977	
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.

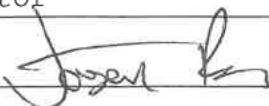
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

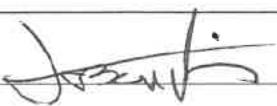
Part D: Business Attestation

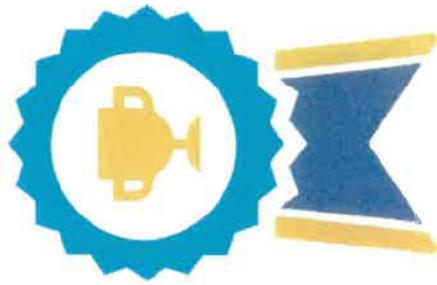
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that 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 Ring	First Name Jason	M.I. P
Title Director	Email director@tworiversmainstreet.com	Phone 920-901-9743
Signature 	Date 01/13/26	

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 Ring	First Name Jason	M.I. P
Signature 	Date 01/13/26	



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Jason Ring

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5, 125.17(6), and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com

Training Provider

07/31/2024

Training Date

**Alcohol Beverage
Individual Questionnaire**

Date

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)

Two Rivers Main Street

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

Ring

2. First Name

Jason

3. M.I.

P

4. Relationship to Business (Title)

Director

5. Email

director@tworiversmainstreet.com

6. Phone

(920) 794-1482

7. Home Address

615 Buchholz Street

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

08/16/77

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently live in Wisconsin? Yes No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

08/1977

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

Previous Address 1

615 Buchholz St

City

Two Rivers

State

WI

Zip Code

54241

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

LaCrosse

WI

Dunn

WI

Milwaukee

WI

Brown

State

County

State

County

State

County

State

County

WI

Trempealeau

WI

Manitowoc

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.

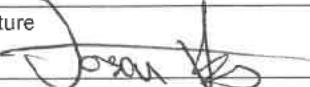
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance 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
	1/20/2024

**Alcohol Beverage
Individual Questionnaire**Date
1-14-26

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) Two Rivers Main Street								
2. Business Trade Name or DBA								
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization								

Part B: Individual Information								
1. Last Name Pigeon			2. First Name Kristine			3. M.I. T		
4. Relationship to Business (Title) President			5. Email Kristine.pigeon@yahoo.com			6. Phone 920-973-0074		
7. Home Address 3246 S. County Rd. P								
8. City Denmark			9. State WI		10. Zip Code 54208		11. Date of Birth 5-25-75	
12. Drivers License/State ID Number [REDACTED]					13. Drivers License/State ID State of Issuance Wisconsin			

Part C: Address History								
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 5-25-75								
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 WI	County manitowoc	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.

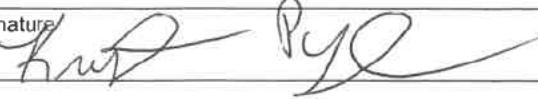
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance 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 1-14-26
---	--------------

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)

Two Rivers Main Street

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

Stevens

2. First Name

Travis

3. M.I.

M

4. Relationship to Business (Title)

5. Email

trstevens53@gmail.com

6. Phone

920-973-1681

7. Home Address

818 Buchholz St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

06/06/1984

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin? Yes No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1

818 Buchholz St

City

Two Rivers

State

WI

Zip Code

54241

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

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

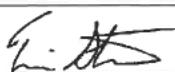
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

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

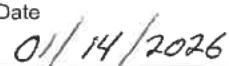
Part E: Attestation

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



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)

Two Rivers Main Street

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.

Kumbalek

Devin

M

4. Relationship to Business (Title)

5. Email

6. Phone

Kumbalekd@shorelinecu.org

(920)242-8305

7. Home Address

1923 Lincoln St.

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

05/31/1998

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History1. Do you currently live in Wisconsin? Yes No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

1999

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

2532 34th St.

Two Rivers

WI

54241

Previous Address 2

City

State

Zip Code

1325 S 9th St.

Manitowoc

WI

54220

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

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

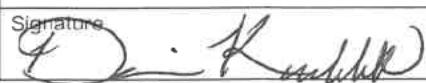
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

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

01/14/2020

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)

Two Rivers Main Street

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

Meissner

2. First Name

Nicholas

3. M.I.

A

4. Relationship to Business (Title)

Treasurer

5. Email

nmeissner94@gmail.com

6. Phone

(920)973-6316

7. Home Address

719 Lowell St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

6/21/1994

12. Drivers License/State ID Number

[REDACTED]

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
31	7

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

Previous Address 1

719 Lowell St

City

Two Rivers

State

WI**54241**

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 WI	County Manitowoc	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

Nicholas Meissner

Date

1/18/26