

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Two Rivers
License Period	2/3/26-6/30/26

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

- ☐ Class "A" Beer \$ 50.00 ☒ Class "B" Beer \$ ⁴¹⁶⁶~~100.00~~
- ☐ "Class A" Liquor \$ 500.00 ☒ "Class B" Liquor \$ ^{125.00}~~275.00~~
- ☐ "Class A" Liquor (cider only) \$ 0.00 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ 100.00

Fees	
License Fees	\$ 1166.66
Background Check Fee	\$ 40.00 35.00
Publication Fee	\$ 20.00
Total Fees	\$ 221.66

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Chivolin Two Rivers LLC			
2. Business Trade Name or DBA Casa chivolin			
3. FEIN 41-2363086		4. Wisconsin Seller's Permit Number 456-1032192878-02	
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 Wisconsin		7. Date of Organization 10/2/25	
8. Wisconsin DFI Registration Number			
9. Premises Address 816B 22nd st two rivers			
10. City Two Rivers		11. State WI	12. Zip Code 54241
13. County Manitowoc		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Two Rivers	
15. Aldermanic District N/A			
16. Premises Phone (414) 841 6675		17. Premises Email	
18. Website			
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. Alcohol will be kept in a Refrigerator Behind the Cashier desk. we will offer micheladus to the 4 tables in house.			
20. Mailing Address (if different from premises address) 816 22nd street			
21. City two Rivers		22. State WI	23. Zip Code 54241

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 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

Chivoir Two Rivers LLC

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
Alvarez	Luis	Owner	414 841 6675

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 Alvarez		First Name Luis		M.I.
Title Owner		Email jr.luisalv14@hotmail.com		Phone 414 841 6675
Signature 			Date	

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)	

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)

Chivolin Two Rivers LLC

2. Business Trade Name or DBA

Casa chivolin

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

Alvarez

2. First Name

Luis

3. M.I.

4. Email

jr.luisalv14@hotmail.com

5. Phone

414 841-6675

6. Home Address

1563 S 58th street

7. City

Milwaukee

8. State

WI

9. Zip Code

53214

10. Age

30

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

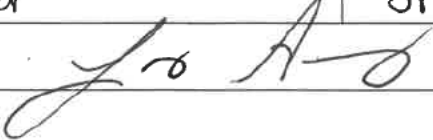
Part C: Agent Questions

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.

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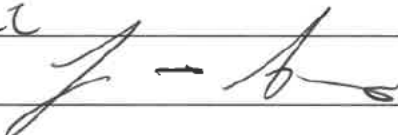
Part D: Business Attestation

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 Amaral		First Name Luis		M.I.
Title Owner	Email Jr.luisalv14@hotmail.com		Phone 414 846-6675	
Signature 			Date 10/2/25	

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 Amaral		First Name Luis		M.I.
Signature 			Date 10/2/25	

Alcohol Beverage Individual Questionnaire


Date
10/2/25

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) <u>Chivolin Two Rivers LLC</u>				
2. Business Trade Name or DBA <u>Casa Chivolin</u>				
3. 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

Part B: Individual Information				
1. Last Name <u>Alvarez</u>		2. First Name <u>Luis</u>		3. M.I.
4. Relationship to Business (Title) <u>Owner</u>		5. Email <u>Jr. luis alv14@hotmail.com</u>		6. Phone <u>414 841-6675</u>
7. Home Address <u>1543 S 58th Street</u>				
8. City <u>Milwaukee</u>		9. State <u>WI</u>	10. Zip Code <u>53214</u>	11. Date of Birth <u>12/20/1994</u>
12. Drivers License/State ID Number 			13. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

Part C: Address History						
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				<table border="1"> <tr> <td>Years <u>10</u></td> <td>Months</td> </tr> </table>	Years <u>10</u>	Months
Years <u>10</u>	Months					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.						
Previous Address 1 <u>1634 S 13th Street</u>		City <u>Milwaukee</u>	State <u>WI</u>	Zip Code <u>53215</u>		
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 <u>WI</u>	County <u>Milwaukee</u>	State	County	State		
State	County	State	County	State		

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

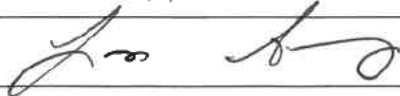
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

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

10/2/25



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

000115

Letter ID L0003088816

CHIVOLIN TWO RIVERS LLC
1563 S 58TH STREET
MILWAUKEE WI 53214

Wisconsin Department of Revenue Seller's Permit

Legal/real name: CHIVOLIN TWO RIVERS LLC
Business name: CHIVOLIN TWO RIVERS LLC
816 22nd St
Two Rivers WI 54241-2723

- 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.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1032192878-02