

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	\$ 15.00

Part A: Organization Information

1. Organization Name Two Rivers Youth Sports	2. Organization Permanent Address 4120 Clover st	3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)				
7. FEIN 81-4844900	8. Date of Organization/Incorporation 12/2017	9. State of Organization/Incorporation WI		
10. Phone (920) 571-7466	11. Email baseballone@ymail.com			
12. Organization type (check one)				
<input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Wisconsin Seller's Permit Number (if applicable)				

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
Wachowski	Adam	President	(920) 571-7466
Wachowski	Cory	Vice President	(920) 901-3866
Schweke	Jeff	Treasurer	(920) 973-8291
Shillcox	Kirk	Board Member	(920) 242-6227

Continued →

Part C: Event Information

1. Name of Event (if applicable) Price is Right Game Show Event		
2. Dates of Operation 2/28/26		3. Hours of Operation 6
4. Premises Address 1710 W Park St		
5. City Two Rivers		6. State WI
7. Zip Code 54241		8. County Manitowoc
9. Governing Municipality of: Two Rivers		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Adam Wachowski		12. Email and/or Phone Number for Organizer of Event baseballone@ymail.com
13. Organizer Website www.beachbashtr.com		14. Event Website www.beachbashtr.com
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. GYM		

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 Wachowski	First Name Adam	M.I.
Title President	Email baseballone@ymail.com	Phone (920) 571-7466
Signature 	Date 02/10/26	

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	

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 Youth Sports

2. Business Trade Name or DBA

Two Rivers Youth Sports

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

Wachowski

2. First Name

Adam

3. M.I.

4. Email

baseballone@ymail.com

5. Phone

(920) 571-7466

6. Home Address

4120 clover st

7. City

Two Rivers

8. State

WI

9. Zip Code

54241

10. Date of Birth

1/2/85

11. Drivers License/State ID Number

[REDACTED]

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 →

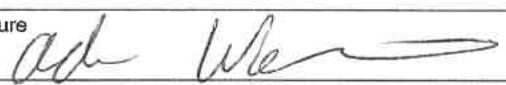
Part D: Business Attestation

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 Wachowski	First Name Adam	M.I.
Title President	Email baseballone@ymail.com	Phone (920) 571-7466
Signature 	Date 02/10/26	

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 Wachowski	First Name Adam	M.I.
Signature 	Date 02/10/26	

**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 Youth Sports					
2. Business Trade Name or DBA Two Rivers Youth Sports					
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 Wachowski		2. First Name Adam			3. M.I.
4. Relationship to Business (Title) President		5. Email baseballone@ymail.com			6. Phone (920) 571-7466
7. Home Address 4120 Clover st					
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 01/02/85	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance WI			

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) 01/1985							
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

02/10/2026

**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 Youth Sports	
2. Business Trade Name or DBA Two Rivers Youth Sports	
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 Wachowski	2. First Name Cory	3. M.I.	
4. Relationship to Business (Title) Vice President	5. Email cory@scottsvending.net	6. Phone (920) 901-3866	
7. Home Address 937 Chrysler Dr			
8. City Mishicot	9. State WI	10. Zip Code 54228	11. Date of Birth 09/09/80
12. Drivers License/State ID Number [REDACTED]	13. Drivers License/State ID State of Issuance WI		

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) 01/1980							
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

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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 02/10/2026
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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)	Two Rivers Youth Sports Inc
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 Schweke	2. First Name Jeffrey	3. M.I. R
4. Relationship to Business (Title) Treasurer	5. Email jschweke10@alumni.uwosh.edu	6. Phone (920) 973-8291
7. Home Address 952 Rosemere Circle		
8. City Manitowoc	9. State WI	10. Zip Code 54220
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?							<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?							Years 10	Months 1
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 WI	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

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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
	02/10/2026

Date
02/09/2026Form
AB-100**Alcohol Beverage
Individual Questionnaire**

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

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Part A: Business Information					
1. Legal Business Name (individual name if sole proprietor) Two Rivers Youth Sports					
2. Business Trade Name or DBA Two Rivers Youth Sports					
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 Shillcox		2. First Name Kirk			3. M.I. S
4. Relationship to Business (Title) Board Member		5. Email Kshillcox@charter.net			6. Phone 9202426227
7. Home Address 8136 WIS-147					
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 02/22/1968	
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? <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" style="float: right; margin-right: 10px;"> <tr> <td>Years 37</td> <td>Months</td> </tr> </table>								Years 37	Months
Years 37	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

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

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Signature	Kirk S. Shillcox	Date	7-10-26
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