

Temporary Alcohol Beverage License

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 <i>TWO RIVERS FISH DERBY, INC (FOUNDATION OF KIWANIS CLUB OF TWO RIVERS)</i>			
2. Organization Permanent Address <i>P.O. BOX 34</i>			
3. City <i>TWO RIVERS</i>		4. State <i>WI</i>	5. Zip Code <i>54241</i>
6. Mailing Address (if different from permanent address)			
7. FEIN <i>27-2071955</i>	8. Date of Organization/Incorporation <i>7/7/1966</i>		9. State of Organization/Incorporation <i>WI</i>
10. Phone <i>920-323-3050</i>	11. Email <i>richter4968@gmail.com</i>		
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
MACMILLIN	AMY	PRESIDENT	920-973-0761
MOORE	MARVIN	VICE PRESIDENT	608-438-3093
HEAP	SHERI	SECRETARY	920-973-0767
RICHTER	NANCY	TREASURER	920-323-3050
ANDERSON	MONTANA	AGENT	920-681-1388

Continued →

Part C: Event Information

1. Name of Event (if applicable) TWO RIVERS FISH DERBY & FESTIVAL			
2. Dates of Operation JULY 19-20, 2025		3. Hours of Operation SAT - 9 AM to 10:30 PM SUN - 9 AM to 5:30 PM	
4. Premises Address corner of POLK + 22ND St. (Walsh Field)			
5. City TWO RIVERS		6. State WI	7. Zip Code 54241
8. County MANITOWOC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: TWO RIVERS		10. Aldermanic District
11. Organizer of Event (if not the named applicant) NANCY RICHTER		12. Email and/or Phone Number for Organizer of Event 920-323-3050	
13. Organizer Website ---		14. Event Website www.trkiwanis.org	
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. Will be selling beer out of 40'x100' tent southwest of ball diamond. Selling premises is inside of chain link fence around field. Will be wristbanding adults of legal drinking age.			

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 RICHTER		First Name NANCY		M.I. L
Title TREASURER	Email nrichter498@gmail.com		Phone 920-323-3050	
Signature Nancy L. Richter			Date 4-24-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/24/2025	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



**TWO
RIVERS**
WISCONSIN

CITY CLERK

1717 E. Park Street
P.O. BOX 87

Two Rivers, WI 54241-0087

NOTE:

**THIS FORM IS TO BE COMPLETED AND ATTACHED TO ALL
APPLICATIONS FOR SPECIAL CLASS B MALT LICENSES FOR
PICNICS & GATHERINGS**

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The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury or damage to any person or property which is associated with or arises out of the applicant's use of the City property and the dispensing of fermented malt beverage to any person pursuant to any license issued upon this application

TWO RIVERS FISH DERBY, INC

Organization (FOUNDATION of Kiwanis Club of Two Rivers)

Nancy L. Richter

Signature

NANCY L. RICHTER

Printed Name

4.24.25

Date