

# Temporary Alcohol Beverage License

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

**Part A: Organization Information**

1. Organization Name  
Friends of the Two Rivers Senior Center

2. Organization Permanent Address  
1520 17th Street

3. City  
Two Rivers

4. State  
WI

5. Zip Code  
54241

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation  
1/1/2007

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
920-793-5596

11. Email  
heahl@two-rivers.org

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)  
456-0000-5544-00-02

**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
Bauknecht	Sharon	President	920-819-9052
Klein	Jan	Vice president	920-323-4986
Kadow	Ruth	Secretary	920-901-5985
Schmidt	Cindy	Treasurer	920-793-4982

Continued →

**Part C: Event Information**


1. Name of Event (if applicable) Cork and Canvas			
2. Dates of Operation 10/24/24		3. Hours of Operation 6pm - 8pm	
4. Premises Address 1520 17th Street.			
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) Two Rivers Senior Center		12. Email and/or Phone Number for Organizer of Event megmar@two-rivers.org	
13. Organizer Website N/A		14. Event Website N/A	
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.  Two Rivers Senior center at back of Community house. Area of use includes Senior Center office, Koska room, Senior Center kitchen. Conference room, and Senior Center Library.			

**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 Kemp	First Name Sidney	M.I. D
Title Financial Secy	Email SIDKEMP3@GMAIL.COM	Phone 920-973-7544
Signature 		Date 10/7/2024

**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	