

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
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
54241

6. Mailing Address (if different from permanent address)
PO Box 417

7. FEIN

8. Date of Organization/Incorporation
1996

9. State of Organization/Incorporation
WI

10. Phone
920-794-1482

11. Email
Director@two.rivers.mainstreet.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)
39-1884042

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
Kanter	Steve	President	
Andrews	Curt	Vice President	
Kaath	Ryan	Sec/Treas	

Continued →

Part C: Event Information

1. Name of Event (if applicable) <i>Two Rivers Main Street Fall Wine and Beer walk</i>			
2. Dates of Operation <i>October 25</i>		3. Hours of Operation <i>5pm - 9pm</i>	
4. Premises Address <i>1608 Washington Street → plus additional</i>			
5. City <i>Two Rivers</i>		6. State <i>WI</i>	7. Zip Code <i>54241</i>
8. County <i>Marathon</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event <i>920-794-1482</i>	
13. Organizer Website <i>www.TwoRiversMainStreet.com</i>		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. <i>See Attached</i>			

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 <i>Ring</i>		First Name <i>Jason</i>		M.I. <i>P</i>
Title <i>Director</i>	Email <i>Director@tworiversmainstreet.com</i>		Phone <i>920-794-1482</i>	
Signature <i>Jason Ring</i>			Date <i>10/2/24</i>	

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	

2024 Fall Wine/Beer Walk Participants		2024 Fall Wine/Beer Walk Participants		2024 Fall Wine/Beer Walk Participants	
Yes/No	Business	Address	Email Address	Bartender	Application Paid
Yes	Kurtz's	1404 Washington Street	kurtzspubdeli@gmail.com	Brenda Fischer	No NA
Yes	Cobblestone	1407 16th Street	gm.wi3632@staycobblestone.com	Jennifer Bird	No NA
Yes	Weichert Cornerstone, Realtors	1603 Washington Street	jkouba@weichert.com	Kristine Pigeon	
Yes	Crafty Cravings	1606 Washington Street	notplanecrazy@gmail.com	Liz Wall	
Yes	Jirschele Insurance	1612 Washington Street	calvin@jirscheleins.com	Calvin Jirschele	Yes
Yes	Wildflower Outdoors	1705 East Street	info@wildfloweroutdoors.com	Heather Gross	yes
Yes	Cool City Brewing Company	1718 West Park Street	gina@coolcitybrewing.com	Gina Krahn	NA
Yes	Seeds n Beans	1803 Washington Street	seedsnbeans@live.com	Lee Hansen	
Yes	Cool City Cycles	1810 Washington Street	coolcitycyclesllc@gmail.com	Amy Potthoff	
Yes	Heroes Venture Arcade	2022 Washington Street	astroid2010@gmail.com	Michael Cleveland	NA
Yes	Inky Blues Community Art Center	1506 20th Street	inkybluesart@gmail.com	Samala Beuchler	yes
Yes	N.E.W. Conservatives	1308 Washington Street	info.newconservatives@gmail.com	Katherine Dahlke	
Yes	Rebel Massage & GU Aesthetics	1613 Washington Street	rebelmassageandenergy@gmail.com	Jessica Arnold	