

# Temporary Alcohol Beverage License

Municipality  
CITY OF TWO RIVERS

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" 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  
Mishicot Indian Diamond Club

2. Organization Permanent Address  
1623 26th St

3. City  
Two Rivers

4. State  
WI

5. Zip Code  
54241

6. Mailing Address (if different from permanent address)  
3012 Prairie St Two Rivers WI 54241

7. FEIN

8. Date of Organization/Incorporation

9. State of Organization/Incorporation  
WISCONSIN

10. Phone  
920-562-3234

11. Email  
brookelynn11918@gmail.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)

**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
Gauger	Brooke	Vice President	920-562-3234
John	Biely	President	920-323-6903
Colleen	Howb	Treasurer	920-645-1766
Matie	Koepel	Secretary	920-323-5715

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Sluggfest			
2. Dates of Operation Sept 20 - Sept 22, 2024		3. Hours of Operation 8 AM - 10 PM	
4. Premises Address 1200 35th St			
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)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website		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.  4 diamonds and Concession Stand			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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.</p>			
Last Name Gauger	First Name Brookie	M.I. L	
Title Vice President	Email brookie.lynn1191@gmail.com	Phone 920.562.3234	
Signature Brookie Gauger		Date 7/31/24	

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	



**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**

\* \* \* \* \*

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

Mishicot Indian Diamond Club  
Organization

Brooke Ganger  
Signature

Brooke Ganger  
Printed Name

7/31/24  
Date

