

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ _____

Application Date: 1/11/2024

Town Village City of Two Rivers

County of Manitowoc

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning Time 9:00 AM and ending Time 6:32 PM and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization** (check appropriate box) → Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Knights of Columbus Co. 1957

(b) Address 2210 Garfield St. Two Rivers WI
(Street) Town Village City

(c) Date organized 7/18/1919

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Jeff Sachse 1002 E. Crescent Dr. Manitowoc WI

Vice President _____

Secretary Mike Witja 1918 28th St. Two Rivers WI

Treasurer Ray Seegers 3219 Monroe St. Two Rivers WI

(g) Name and address of manager or person in charge of affair: Dan Tegen 1527 Deer Brook Dr. Two Rivers WI
Phone Number: 920 553 4355

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored: Two Rivers Community House West Park St. Two Rivers

(a) Street number _____

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Gym + Lobby of Community House

3. Name of Event

(a) List name of the event KC Annual Cornhole Tournament

(b) Dates of event 2/3/2024

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Daniel Tegen trustee 1/12/24
(Signature / Date)

Knights of Columbus Co. 1957
(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____



Office of City Clerk
1717 East Park Street
Post Office Box 87
Two Rivers WI 54241-0087
Telephone 920/793-5526
FAX 920/793-5512

NOTE:

THIS FORM 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.

Knights of Columbus Co. 1957
Organization

Daniel Tegen
By

1/12/24
Date