

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 17<sup>th</sup> Street,

3. City  
Two Rivers

4. State  
WI

5. Zip Code  
54241

6. Mailing Address (if different from permanent address)

7. FEIN  
20-8157672

8. Date of Organization/Incorporation  
9/13/2007

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
920-793-5596

11. Email  
megoco@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)  
456-0000554400-02

**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
Kemp	Sid	Financial Secretary	920-973-7544
Schmidt	Cindy	Treasurer	920-901-7449

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) Cork and Canvas			
2. Dates of Operation 1/16/25		3. Hours of Operation 5:30 pm - 8:30 pm	
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: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Two Rivers Senior Center/Megan O'Connor		12. Email and/or Phone Number for Organizer of Event megmar@two-rivers.org 920-793-5597	
13. Organizer Website X		14. Event Website X	
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.  the event will be held in the Koska room of the J.E. Hamilton Community house. The Senior Center - located within the Community house - consists of the office space, Koska room, S.C. Kitchen, Library, and Behringer room.			

**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 BALKNECHT		First Name SHARON		M.I. M.
Title Pres.	Email		Phone 920-819-9052	
Signature S Balknecht			Date 11-22-24	

**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	

**Agent Type** (check one)

Original (no fee)       Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
Megan Elizabeth O'Connor

2. Business Trade Name or DBA  
Friends of the Two Rivers Senior Center

3. Entity Type (check one)       Limited Liability Company       Corporation       Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)      5. If successor agent, provide State Permit or Municipal Retail License Number  
 Municipal Retail License       State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

**Part B: Agent Information**

1. Last Name      2. First Name      3. M.I.  
O'Connor      Megan      E

4. Email      5. Phone  
megmar@two-rivers.org      9608-658-2521

6. Home Address  
1713 24th Street

7. City      8. State      9. Zip Code      10. Age  
Two Rivers      WI      54241      38

11. Drivers License/State ID Number      12. Drivers License/State ID State of Issuance  
0256-5458-6908-04

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? .....  Yes     No  
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? .....  Yes     No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes     No  
See instructions for exceptions.

Continued →

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Friends of the Two Rivers Senior Center	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>					
1. Last Name O'Connor		2. First Name Megan		3. M.I. E	
4. Relationship to Business (Title) Program + Events Coordinator for Senior Center			5. Email megmar@two-rivers.org		6. Phone 920-793-5597
7. Home Address 1713 24th Street					
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 11/08/1986	
12. Drivers License/State ID Number 0256-5458-6908-04			13. Drivers License/State ID State of Issuance		

<b>Part C: Address History</b>							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . . .					Years 38	Months 0	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 2411 34th Street Apt. 16		City Two Rivers		State WI	Zip Code 54241		
Previous Address 2 502 Waldo Blvd		City Manitowoc		State WI	Zip Code 54220		
Previous Address 3		City		State	Zip Code		
Previous Address 4		City		State	Zip Code		
Previous Address 5		City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County DANE	State WI	County Lafayette	State WI	County Manitowoc	State	County
State	County	State	County	State	County	State	County

Continued →



**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**

\* \* \* \* \*

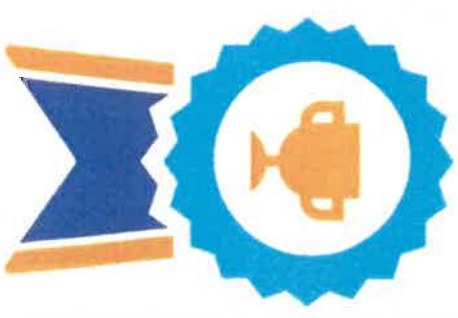
The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury 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

Friends of the Two Rivers Senior Center  
Organization

  
Signature

Megan E O'Connor  
Printed Name

11/21/24  
Date



# Certificate

## RESPONSIBLE BEVERAGE SERVER

*awarded to*

**Megan Marchant**

*This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.*

[www.Wisconsin-Bartending.com](http://www.Wisconsin-Bartending.com)

*Training Provider*

**09/25/2024**

*Training Date*