

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

Part A: Organization Information

1. Organization Name
KNIGHTS of Columbus Council 1957

2. Organization Permanent Address
2210 Garfield St.

3. City
Two Rivers

4. State
WI

5. Zip Code
54241

6. Mailing Address (if different from permanent address)

7. FEIN
39-1085940

8. Date of Organization/Incorporation
4/27/1919

9. State of Organization/Incorporation
WISCONSIN

10. Phone
920-793-1791
920-553-4355 agent

11. Email
dtogew@charter.net (agent)

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? .. yet .. Yes No

14. Wisconsin Seller's Permit Number (if applicable)
456-0000171119-02

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
Sachse	Jeff	Grand Knight	414-305-4236
Koester	Leland	Deputy Grand Knight	920-214 3967
Seegers	Ray	Treasurer	920 793 8140
Boutwell	TOM	Bar manager	920 860 9874
TEGEN	DANIEL	Bar tender ASSISTANT MANAGER	920 553-4355

Continued →

Part C: Event Information

1. Name of Event (if applicable) Annual Knights of Columbus Cornhole Tournament			
2. Dates of Operation 02/1/2025		3. Hours of Operation 7:30am - 5:00pm	
4. Premises Address 1710 West Park St.			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County USA	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Two Rivers		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) DAN TEGEN		12. Email and/or Phone Number for Organizer of Event dt dtegen@charter.net	
13. Organizer Website NONE		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. Beer to be sold at the event in the lobby of the J.E. Hamilton Community House. to be consumed in lobby or gym.			

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 Seegers		First Name Ray		M.I.
Title Treasurer	Email rseegers@charter.net		Phone 920-793-8140	
Signature Ray Seegers			Date 12/19/2024	

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	

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>KNIGHTS of Columbus Council 1957</i>	
2. Business Trade Name or DBA <i>KNIGHTS of Columbus Council 1957</i>	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name <i>TEGEN</i>	2. First Name <i>DANIEL</i>	3. M.I. <i>J</i>	
4. Email <i>dtegen@charter.net</i>		5. Phone <i>920-553-4855</i>	
6. Home Address <i>1527 Deer Brook Dr.</i>			
7. City <i>Two Rivers</i>	8. State <i>WI</i>	9. Zip Code <i>54241</i>	10. Age <i>74</i>
11. Drivers License/State ID Number <i>T250 1705 0050 04</i>		12. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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>TEGEN</i>	First Name <i>DANIEL</i>	M.I. <i>J</i>
Title <i>assistant manager</i>	Email <i>dtegen@charter.net</i>	Phone <i>920-553-4355</i>
Signature <i>Dan Tegen</i>	Date <i>12/19/2024</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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>Tegen</i>	First Name <i>DANIEL</i>	M.I. <i>J</i>
Signature <i>Daniel Tegen</i>	Date <i>12/19/2024</i>	

Alcohol Beverage Individual Questionnaire

Date

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.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>KNIGHTS of Columbus Council 1957</i>	
2. Business Trade Name or DBA <i>KNIGHTS of Columbus Council 1957</i>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <i>TEGEN</i>		2. First Name <i>DANIEL</i>		3. M.I.
4. Relationship to Business (Title) <i>Assistant BAR TENDER Manager</i>		5. Email <i>dtegen@charter.net</i>		6. Phone <i>920 553 4355</i>
7. Home Address <i>1527 Deer Brook Drive</i>				
8. City <i>Two Rivers</i>		9. State <i>WI</i>	10. Zip Code <i>54241</i>	11. Date of Birth <i>02/10/1950</i>
12. Drivers License/State ID Number <i>T 250 1705 0050 06</i>			13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History							
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?			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Years</td> <td>Months</td> </tr> <tr> <td><i>74</i></td> <td><i>10</i></td> </tr> </table>	Years	Months	<i>74</i>	<i>10</i>
Years	Months						
<i>74</i>	<i>10</i>						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <i>1527 Deer Brook Dr.</i>	City <i>Two Rivers</i>	State <i>WI</i>	Zip Code <i>54241</i>				
Previous Address 2	City	State	Zip Code				
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 <i>WI</i>	County <i>MANITOWOC</i>	State	County				
State	County	State	County				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature Daniel Tegen Date 12/

CITY OF TWO RIVERS
1717 EAST PARK STREET
PO BOX 87
TWO RIVERS WI 54241-008

Receipt No: 2.095886

Dec 19, 2024

KNIGHTS OF COLUMBUS

LICENSES & PERMITS
BUSINESS & OCCUPATION
LICENSE
100-44130
BUSINESS OR OCCUPATION

10.00

Total:

10.00
=====

FINANCE - CHECK
Check No: 1919

10.00

Payor:
KNIGHTS OF COLUMBUS

Total Applied:

10.00

Change Tendered:

.00
=====

12/19/2024 8:56 AM



City of Two Rivers
2 Year Operator's License

Daniel Tegen

1527 Deer Brook Dr Two Rivers, WI 54241

License No: 240029
Issued: 6/13/2024 (Effective 7/1/2024)
Expires: 06/30/2026
Fee: \$52.00



Amanda Bongard
 City Clerk

DRIVER LICENSE REGULAR WISCONSIN USA NOT FOR FEDERAL PURPOSES

10 T250-1705-0050-06
 1 TEGEN
 2 DANIEL JOSEPH
 1527 DEER BROOK DR
 TWO RIVERS, WI 54241

9 CLASS D

15 SEX M 16 HGT 5'-11"
 17 WGT 250 LB 18 EYES BRO
 19 HAIR GRY 20 RES 12/21/2016
 3 DOB 02/10/1950 4 EXP 02/10/2025
 5A END NONE 5B 50

DANIEL TEGEN