

**Temporary Alcohol Beverage License**

Municipality  
Two Rivers

License(s) Requested	Fees	
	Temporary "Class B" Wine <del>X</del> Temporary Class "B" Beer	License Fees
	Background Check	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

**Part A: Organization Information**

1. Organization Name  
Rotaty Club of Two Rivers

2. Organization Permanent Address  
PO Box 129

3. City  
Two Rivers

4. State  
WI

5. Zip Code  
54241

6. Mailing Address (if different from permanent address)

7. FEIN  
39-6089129

8. Date of Organization/Incorporation  
02/08/1923

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
(612) 840-7507

11. Email  
michael@stillbend.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)  
NA

**Part B: Individual Information**

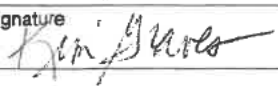
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Swetlik	Dennis	President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Graves	Kim	Club Secretary	(920) 901-9258
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE, CONCERT SERIES			
2. Dates of Operation June 5, 2026		3. Hours of Operation 5:00 - 9:00	
4. Premises Address 1700 Washington 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: <u>Two Rivers</u>		10. Aldermanic District NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website www.two-rivers.org/parksrec		14. Event Website www.two-rivers.org/parksrec	
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.  Central park pavillion - records at Treasures office at us Bank			

<b>Part D: Attestation</b>			
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 Graves		First Name Kim	M.I. M
Title Secretary	Email kgraves2327@gmail.com		Phone (920) 901-9258
Signature 		Date 05/12/2026	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 05/13/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality  
Two Rivers

License(s) Requested	Fees	
	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**

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5. Zip Code  
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6. Mailing Address (if different from permanent address)

7. FEIN  
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8. Date of Organization/Incorporation  
02/08/1923

9. State of Organization/Incorporation  
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10. Phone  
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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)  
NA

**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.

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Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Graves	Kim	Club Secretary	(920) 901-9258
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →


**Part C: Event Information**

1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE, CONCERT SERIES			
2. Dates of Operation June 12, 2026		3. Hours of Operation 5:00 - 9:00	
4. Premises Address 1700 Washington 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 Two Rivers		10. Aldermanic District NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website www.two-rivers.org/parksrec		14. Event Website www.two-rivers.org/parksrec	
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.  Central Park Pavilion records at Treasures office US BANK			

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Last Name Graves	First Name Kim	M.I. M
Title Secretary	Email kgraves2327@gmail.com	Phone (920) 901-9258
Signature 		Date 05/12/2026

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 05/13/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form  
**AB-220**

**Temporary Alcohol Beverage License**

Municipality Two Rivers
----------------------------

License(s) Requested	Fees	
	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**

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13. Is this organization required to hold a Wisconsin Seller's permit?       Yes       No

14. Wisconsin Seller's Permit Number (if applicable)  
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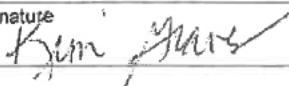
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Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Graves	Kim	Club Secretary	(920) 901-9258
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE, CONCERT SERIES			
2. Dates of Operation June 19, 2026		3. Hours of Operation 5:00 - 9:00	
4. Premises Address 1700 Washington 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: Two Rivers		10. Aldermanic District NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website www.two-rivers.org/parksrec		14. Event Website www.two-rivers.org/parksrec	
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.  Central Park Pavillion records: US Bank TR w/Treasure			

**Part D: Attestation**

Who must sign this application? • one officer or director of the nonprofit organization		
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Last Name Graves	First Name Kim	M.I. M
Title Secretary	Email kgraves2327@gmail.com	Phone (920) 901-9258
Signature 		Date 05/12/2026

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 05/13/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

**Temporary Alcohol Beverage License**

Municipality  
**Two Rivers**

License(s) Requested	Fees	
	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  
**Rotaty Club of Two Rivers**

2. Organization Permanent Address  
**PO Box 129**

3. City  
**Two Rivers**

4. State  
**WI**

5. Zip Code  
**54241**

6. Mailing Address (if different from permanent address)

7. FEIN  
**39-6089129**

8. Date of Organization/Incorporation  
**02/08/1923**

9. State of Organization/Incorporation  
**Wisconsin**

10. Phone  
**(612) 840-7507**

11. Email  
**michael@stillbend.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)  
**NA**

**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).

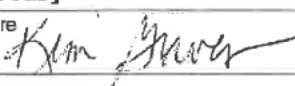
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Graves	Kim	Club Secretary	(920) 901-9258
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE, CONCERT SERIES			
2. Dates of Operation July 10, 2026		3. Hours of Operation 5:00 - 9:00	
4. Premises Address			
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website www.two-rivers.org/parksrec		14. Event Website www.two-rivers.org/parksrec	
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Title Secretary	Email kgraves2327@gmail.com		Phone (920) 901-9258
Signature 		Date 05/12/2026	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 05/13/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form  
**AB-220**

**Temporary Alcohol Beverage License**

Municipality  
Two Rivers

License(s) Requested	Fees	
	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**

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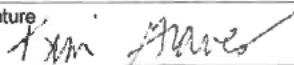
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Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE, CONCERT SERIES			
2. Dates of Operation July 17, 2026		3. Hours of Operation 5:00 - 9:00	
4. Premises Address 1700 Washington 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: Two Rivers		10. Aldermanic District NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website www.two-rivers.org/parksrec		14. Event Website www.two-rivers.org/parksrec	
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**Temporary Alcohol Beverage License**

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

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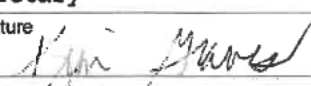
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**Part C: Event Information**

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**Temporary Alcohol Beverage License**

Municipality
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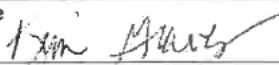
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<b>Total Fees</b>		<b>\$ 10.00</b>

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7. FEIN 39-6089129		8. Date of Organization/Incorporation 02/08/1923		9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507		11. Email michael@stillbend.com		
12. Organization type (check one)				
<input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable) NA				

<b>Part B: Individual Information</b>			
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
Swetlik	Dennis	President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Graves	Kim	Club Secretary	(920) 901-9258
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE, CONCERT SERIES			
2. Dates of Operation August 14, 2026		3. Hours of Operation 5:00 - 9:00	
4. Premises Address 1700 Washington 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 Two Rivers		10. Aldermanic District NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website www.two-rivers.org/parksrec		14. Event Website www.two-rivers.org/parksrec	
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.  Selling at Central Park Pavilion records at US Bank TR w/ Treasura			

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 Graves		First Name Kim	M.I. M
Title Secretary	Email kgraves2327@gmail.com		Phone (920) 901-9258
Signature 		Date 05/12/2026	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/13/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form  
AB-220

## Temporary Alcohol Beverage License

Municipality TWO RIVERS
----------------------------

License(s) Requested	Fees	
	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  
Rotaty Club of Two Rivers

2. Organization Permanent Address  
PO Box 129

3. City  
Two Rivers

4. State  
WI

5. Zip Code  
54241

6. Mailing Address (if different from permanent address)

7. FEIN  
39-6089129

8. Date of Organization/Incorporation  
02/08/1923

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
(612) 840-7507

11. Email  
michael@stillbend.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)  
NA

**Part B: Individual Information**

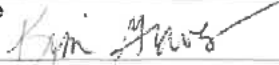
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Swetlik	Dennis	President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Graves	Kim	Club Secretary	(920) 901-9258
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE, CONCERT SERIES			
2. Dates of Operation August 21, 2026		3. Hours of Operation 5:00 - 9:00	
4. Premises Address 1700 Washington 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: Two Rivers		10. Aldermanic District NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website www.two-rivers.org/parksrec		14. Event Website www.two-rivers.org/parksrec	
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.  selling; Central Park Pavilion records at US BANK TR w/ Treasurer			

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 Graves		First Name Kim	M.I. M
Title Secretary	Email kgraves2327@gmail.com		Phone (920) 901-9258
Signature 		Date 05/12/2026	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/13/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form  
AB-220

Temporary Alcohol Beverage License

Municipality  
TWO RIVERS

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

**Part A: Organization Information**

1. Organization Name  
Rotaty Club of Two Rivers

2. Organization Permanent Address  
PO Box 129

3. City  
Two Rivers

4. State  
WI

5. Zip Code  
54241

6. Mailing Address (if different from permanent address)

7. FEIN  
39-6089129

8. Date of Organization/Incorporation  
02/08/1923

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
(612) 840-7507

11. Email  
michael@stillbend.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)  
NA

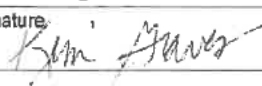
**Part B: Individual Information**

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
Swetlik	Dennis	President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Graves	Kim	Club Secretary	(920) 901-9258
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE, CONCERT SERIES			
2. Dates of Operation August 28, 2026		3. Hours of Operation 5:00 - 9:00	
4. Premises Address 1700 Washington 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: Two Rivers		10. Aldermanic District NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website www.two-rivers.org/parksrec		14. Event Website www.two-rivers.org/parksrec	
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.  selling Central Park Pavilion records at US Bank TR w/Treasurer			

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 Graves		First Name Kim	M.I. M
Title Secretary	Email kgraves2327@gmail.com		Phone (920) 901-9258
Signature 		Date 05/12/2026	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 05/13/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

## Alcohol Beverage Appointment of Agent

Date  
05/12/2026

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <b>Rotary Club of Two Rivers</b>	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" 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 <b>WI</b>
6. Describe the reason for appointing a successor agent, if successor is checked above.	

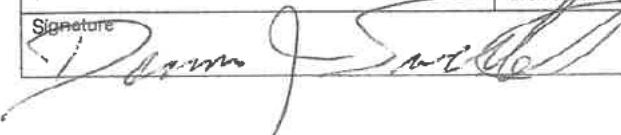
<b>Part B: Agent Information</b>			
1. Last Name <b>Ditmer</b>	2. First Name <b>Michael</b>	3. M.I. <b>J</b>	
4. Email <b>michael@stillbend.com</b>		5. Phone <b>(612) 840-7507</b>	
6. Home Address <b>2991 37th ST</b>			
7. City <b>Two Rivers</b>	8. State <b>WI</b>	9. Zip Code <b>54241</b>	10. Age <b>65</b>
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance <b>WI</b>	

<b>Part C: Agent Questions</b>	
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 <b>Swetlik</b>		First Name <b>Dennis</b>		M.I. <b>J</b>
Title <b>President</b>	Email <b>dswetlik@charter.net</b>		Phone <b>920-905-3115</b>	
Signature 			Date <b>05/07/26</b>	

**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 <b>Ditmer</b>		First Name <b>Michael</b>		M.I. <b>J</b>
Signature 			Date <b>05/12/2026</b>	



**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

Two Rivers Rotary  
Organization

Michael Ditch  
Signature

Michael Ditcher  
Printed Name

05/13/2026  
Date