**AB-220** 

# **Temporary Alcohol Beverage License**

Municipality
CITY OF TWO RIVERS

License(s) Requested		F	ees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$	
	,	Total Fees	\$	10.00

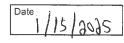
Part A: Organization Information						
Organization Name	uon					
TWO RIVERS ME	ain Street					
2. Organization Permanent Address						
1608 Washing	ton Street					
3. City Two RIVEYS	•		4. State	5. Zip Code 542リ\		
6. Mailing Address (if different from pe	rmanent address)					
PO BOX 417	Two Rivers, WI	54241				
7. FEIN	8. Date of Organization/Incor	poration		zation/Incorporation		
39-1884042	1996		WI			
10. Phone 930-794-1482	11. Email	wo rivers	noinctres	t-com		
12. Organization type (check one)			7,119			
Bona Fide Club	Church Fair Association	n/Agricultural Socie	ty 🔲 Veter	an's Organization		
☐ Lodge/Society	Chamber of Commerce or similar (	Civic or Trade Orga	anization under ch	n. 181, Wis. Stats.		
13. Is this organization required to	hold a Wisconsin Seller's permit?	ese - esc .541, 505 + 91 - 806		Yes No		
14. Wisconsin Seller's Permit Number	(if applicable)					
Part B: Individual Informatio	n			_		
	mber for all officers, directors, and a ted below. Attach additional sheets		ization. Include ar	n Individual Questionnaire		
Corporations must also include Ale	cohol Beverage Appointment of Age	nt (Form AB-101).				
Last Name	First Name	Title		Phone		
Barten	Joseph	President		420-621-1437		
Pigton	Kristine	Via Pre	sideut	920-555-2630		
Kumbalek	Devin	Secretary		426-487-3732		
Meissner	Nicholas	Treseasi		920-482-3712		

Continued  $\rightarrow$ 

Part C: Event Information				
Name of Event (if applicable)				
Bryon Let Memorial B 2. Dates of Operation	olucs Fest	1091		
			3. Hours of Op	
7/13/2025			10an	, - 10 pm
4. Premises Address	Street			
5. City Two Rivers			6. State	7. Zip Code 5434\
8. County	9. Governing Munic	cipality 🖟 City 🗌 Town	☐ Village	10. Aldermanic District
Man. towce	of: TWO			
11. Organizer of Event (if not the named applican	nt)	12. Email and/or Phone Num	-	er of Event
Two Rivers Main Street		920-901-976	13	
13. Organizer Website	1.6.	14. Event Website		
WWW. two civers Main Street	t. com			
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece	of records may o	ccur only on the premises	described in th	ils application. Attach a map
Part D: Attestation				-
Who must sign this application?				
one officer or director of the nonprofit of	organization			
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I ure be deemed a refusal to allow inspection. See that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	n behalf of the apple rights and responderstand that lace of the control of the c	oplicant organization and no consibilities conferred by the p to the law, including but no ck of access to any portion of misdemeanor and grounds shall be void under penalty in connection with this appl	ot on behalf of a e license(s), if g of limited to, pu of a licensed pro- for revocation of state law. I folication, and tha	any other individual or entity granted, will not be assigned urchasing alcohol beverages emises during inspection will of this license. I understand urther understand that I may at any person who knowingly
Last Name		First Name		M.I
Ring		Jason		ρ
Title	Email			Phone
Director	dier	etor@twosiveisn	nain street.	com 906-794-1482
Signature			Date	,
Toson Kin			1/1	5/2025
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				

Form AB-101

## Alcohol Beverage Appointment of Agent



Agent Type (check one)		
☐ Original (no fee) ☐ Successor (\$10 fee fo	or municipal licensees only)	
Part A: Business Information		
Legal Business Name (individual name if sole proprietor)	•	
Two Rivers Main Street	<i>t</i>	
2. Business Trade Name or DBA		
3. Entity Type (check one)  Limited Liability Comp	pany Corporation	Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide St	ate Permit or Municipal Retail License Number
Describe the reason for appointing a successor agent, if succe	ssor is checked above.	
Part B: Agent Information  1. Last Name	2. First Name	3. M.I.
4. Email	Jasen	. 1
		5. Phone
clirector Ctwo rivers main street. 6. Home Address 615 Buchholz Street	Com	930-794-1482
615 Buchlobe Street		
7. City	8. State 9. Zip Code	10. Age
TWO RIVERS	WI 54241	47
11. Drivers License/State ID Number R 520 - 4357 - 7296 - 61		ense/State ID State of Issuance
	, l	
Part C: Agent Questions		
Have you satisfied the responsible beverage server tra Submit proof of completion.	aining requirement?	Yes No
Have you completed Form AB-100, Alcohol Beverage Submit a completed Form AB-100 with this form.	Individual Questionnaire?	· · · · · · · · · · · · · · · · · · ·
3. Have you been a Wisconsin resident for at least 90 co See instructions for exceptions.	ntinuous days?	

Part D: Business Attestation			^,
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a surfunderstand that I may be prosecuted for surfunding person who knowingly provides materially if convicted.	d liability company with full authority and co fy that I am authorized by the above-named accessor agent, I rescind all previous agent a bmitting false statements and affidavits in co	ntrol of the preentity to auth appointments onnection with	emises and of all alcohol orize this individual to act for this premises. Further, this application, and that
Last Name	First Name		M.I.
Ring	Jason		P
Title	Email		Phone
Dicector	director @ two civers main st	raction	920-794-1482
Signature Toscu Fur		Date 1/15/	2035
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busine and affidavits in connection with this application may be required to forfeit not more	pany and assume full responsibility for the c ess. I further understand that I may be pro- ion, and that any person who knowingly pro-	onduct of all a secuted for su	lcohol beverage activities bmitting false statements
Last Name	First Name		M.I.
Ring	Josen		P
Signature		Date \//15	2025
		,	



#### 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 KINGUS Main Street	
Organization	
- Losu I	
Signature	
Jason Ring	
Printed Name	
\\\ i5\\\ \\ \\ \\ \ \ \ \ \ \ \ \ \ \ \	

#### Form

**AB-100** 

## **Alcohol Beverage** Individual Questionnaire

01/16/2025

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

· sole proprietor

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

Tour aici									
	: Business Infor								
- Company	Business Name (indi-	A .	A						
	DO KIUTUS	1. (2,	Strect						
2. Busin	ess Trade Name or D	BA							
3. Entity	Type (check one)								
S	ole Proprietor	Partnership	D Limited	Liability	/ Compar	ny 🔲 Corporat	ion 🔀	Nonprofit O	rganization
Part B	: Individual Info	rmation							
1. Last N		THICK OF		2 Fire	st Name				3. M.I.
	balek			De					M
4 Relati	onship to Business (T	itle)	5, Email	- 50	V 11 1			6. Phone	141
Secr				ekd@	shoreli	necu.org		920-482	3732
	Address		Karriban	cita	onoron	noca.org		320-402	-3732
	Lincoln St								
8. City				1	9. State	10. Zip Code		11. Date of Bi	rth
Two	Rivers				WI	54241		05/31/19	998
	ers License/State ID N I-1739-8691-0					13. Drivers License	State ID State		
N3 14	F-1739-0091-0	0				WI			
	: Address Histo								
			58 • 52 • 68 • 680 100	. 50 - 50	100 - 55	Da - Fa - Fa - Co - Dr - Fo	G- 600 - 110 - 500	· · + · · · × `	∕es □ No
1 <sub>e</sub> Do y	ou currently reside	in Wisconsin?							∕es
1 <sub>e</sub> Do y	ou currently reside	in Wisconsin?				r to the date of applic			
1. Do y	ou currently reside	in Wisconsin?	ontinuously lived in	n Wisco	nsin prio		cation?	Years 24	
1. Do y	ou currently reside	in Wisconsin?	ontinuously lived in	n Wisco	nsin prio	r to the date of applic	cation?	Years 24	
1. Do y	ou currently reside s to 1 above, how lo n chronological ord	in Wisconsin?	ontinuously lived in	n Wisco e last 5	nsin prio	r to the date of applic	cation?	Years 24	
1. Do yell f yes 2. List in Previous 2532	ou currently reside s to 1 above, how lo n chronological ord Address 1 34th St	in Wisconsin?	ontinuously lived in	e last 5 City Two	years. At	r to the date of applic	cation? is if necessa State WI	Years 24  ry. Zip Code 54241	
1. Do yell If yes 2. List in Previous 2532 Previous	ou currently reside s to 1 above, how lo n chronological ord Address 1	in Wisconsin?	ontinuously lived in	e last 5 City Two	years. At	r to the date of applic tach additional sheet	s if necessa State WI State	Years 24  ry. Zip Code 54241  Zip Code	
If yes  2. List in Previous 2532 Previous 1325	ou currently reside to 1 above, how lo chronological ord Address 1 34th St Address 2 S 9th St	in Wisconsin?	ontinuously lived in	e last 5 City Two	years. At	r to the date of applic tach additional sheet	s if necessa State WI State WI	Years 24  ry.  Zip Code 54241  Zip Code 54220	
1. Do your lf yes 2. List in Previous 2532 Previous 1325	ou currently reside s to 1 above, how lo n chronological orde Address 1 34th St Address 2	in Wisconsin?	ontinuously lived in	e last 5 City Two	years. At	r to the date of applic tach additional sheet	s if necessa State WI State	Years 24  ry. Zip Code 54241  Zip Code	
1. Do yell If yes 2. List in Previous 2532 Previous 1325 Previous	ou currently reside to 1 above, how lo chronological ord Address 1 34th St Address 2 S 9th St	in Wisconsin?	ontinuously lived in	e last 5 City Two	years. At	r to the date of applic tach additional sheet	s if necessa State WI State WI	Years 24  ry.  Zip Code 54241  Zip Code 54220  Zip Code	Months
1. Do yell If yes 2. List in Previous 2532 Previous 1325 Previous	ou currently reside to 1 above, how lo n chronological ord Address 1 34th St Address 2 S 9th St Address 3	in Wisconsin?	ontinuously lived in	e last 5 City Two City Mar	years. At	r to the date of applic tach additional sheet	s if necessa State WI State WI State State	Years 24  ry.  Zip Code 54241  Zip Code 54220	Months
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1. Do yell f yes 2. List in Previous 2532 Previous 1325 Previous Previous Previous Previous	ou currently reside to 1 above, how lo chronological order Address 1 34th St Address 2 S 9th St Address 3 Address 3	in Wisconsin?	ontinuously lived in	e last 5 City Two City Mar City City City	years. At	r to the date of applic tach additional sheet	s if necessa State WI State WI State State	Years 24  ry.  Zip Code 54241  Zip Code 54220  Zip Code	Months
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1. Do yell If yes 2. List in Previous 2532 Previous 1325 3 Previous Previous Previous	ou currently reside to 1 above, how lose to 1 above, how lose to 1 above, how lose to 1 address 1 34th St 5 Address 2 S 9th St 6 Address 3 6 Address 4 6 Address 5	in Wisconsin?  ong have you congressed the second of your acceptance of the second of	ontinuously lived in defense within the ved in as an adult.	e last 5 City Two City Mar City City City City City	years. At	r to the date of application and additional sheets.	State WI State WI State State State	Years 24  Ty.  Zip Code 54241  Zip Code 54220  Zip Code  Zip Code	Months
1. Do yell f yes 2. List in Previous 2532 Previous 1325 Servious Previous Previous 3. List a	ou currently reside s to 1 above, how lo n chronological ord Address 1 34th St Address 2 S 9th St Address 3 Address 4 Address 5	in Wisconsin?  ong have you co	ontinuously lived in	e last 5 City Two City Mar City City City City City	years. At Privers	r to the date of application and the date of application a	State WI State WI State State State	Years 24  ry.  Zip Code 54241  Zip Code 54220  Zip Code	Months
1. Do yell f yes 2. List in Previous 2532 Previous 1325 Servious Previous Previous 3. List a State	ou currently reside to 1 above, how lose to 1 above, how lose to 1 above, how lose to 1 address 1 34th St 4 Address 2 S 9th St 5 Address 3 6 Address 4 6 Address 5 all states and countil	in Wisconsin?  ong have you congressed the second of your acceptance of the second of	ontinuously lived in defense within the ved in as an adult.	e last 5 City Two City Mar City City City City City	years. At Privers	r to the date of application and additional sheets.	State WI State WI State State State	Years 24  Ty.  Zip Code 54241  Zip Code 54220  Zip Code  Zip Code	Months

Deut De Cuinciu al Mictory					
Part D: Criminal History					
Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state)			. Yes	X No	
If yes to question 1, please list details of each convictio	n below. Attach addition	onal sheets as needed.			
Law/Ordinance Violated	Location		Conviction (	Date	
Penalty Imposed		Was sentence completed?	Yes	☐ No	
Law/Ordinance Violated	Location		Conviction [	Date	
Penalty Imposed		Was sentence completed?	Yes	☐ No	
Law/Ordinance Violated	Location		Conviction [	Date	
Penalty Imposed		Was sentence completed?	Yes	☐ No	
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or an ordinances?  If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or	any county or municipal	. Yes	No No	
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 Den Kumbalel		Date 01/16/2025			

AB-100

### Alcohol Beverage Individual Questionnaire

2606/66/1

Part A: Business Information Man Street Partneiship Part B: Individual Information Bacten Joseph Joseph. Backn @ gmail. com Board of Directors 920-621-1437 10200 Francis Could Road Two Rivers UI 54241 B350 - 4828 - 9121 - 09 WI Part C: Address History "yes to 1 house how long have you continuously lived in Williams a prior to the date of application?" I use in chronological urder all of your addresses will introduce a read Attach additional sheets if necessary Zip Code 10200 Francis Creek Road Two Rivers WI 54241 Previous Artoress & Chemingsoundies, h 2 fast all states and counties you have used in as an upuli. Asian acidit on all streets if necessary Manitowoc Brown INI WI

Part D: Criminal History			
have yet ever been convered at any other			st ☐ Yes [X =sc
Cyes in coexton * please est détaile et a	вай когу Трофеку Айай	additional sheets as needed	,
			Conscion Date
		Was sentence completeu?	Tyes [ ] No.
- Principles unlatter	catality.		Sor Loten Date
Denvis medica.		Was sentence completed?	Tyes T Nº
			Con-chort Dati-
		Was sentence completed?	☐ Yes ☐ No
Inversues for volumer of any federal. A community of a vertices T.  If yes to meshoo 2 describe hature and sheets as needed.	I status of Limiting charges as		☐ Yes 💢 🚾
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING truthfully industry that I am not pronouted towerfore industry as a realised incertor under penalty of state fair. Turther incertal with this application, and that any person to forfeit not more than \$1,000 its convented.	who know may be made to the control of the control	ness due to any involvement in anoble issued contrary to Wis. Stat. Chap for submitting false statements and a	her her of the alcohol- iter 125 shall be void
Seriality 18	-6	Daine. 1 - 22	-7025

# Form AB-100

## Alcohol Beverage Individual Questionnaire

Date 01/16/2025

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

· sole proprietor

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

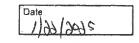
Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

3. Entity Type (check one)   Partnership   Limited Liability Company   Corporation   Nonprofit Organization  Part B: Individual Information  1. Last Name   Pige on   S. Email   Kristine   S. Email   T   T    4. Relationship to Business (Title)   Kristine.pigeon@yahoo.com   920-973-0074    7. Home Address   3246 S. County Rd. P   State   S. Email   S.	1. Lagal Business Name (individual name if sole proprietor)   Cause   Cause   Cause   Cause	1001 0100	noi beverage applicatio		waris not comp	nete until	an requir	ed individual Questio	illialies an	e submilleu.		
2. Business Trade Name or DBA  3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization  Part B: Individual Information 1. Last Name Pigeon S: First Name Kristine S: M. T. 4. Relationship to Business (Title) S: Email Kristine Wice President Kristine Pigeon@yahoo.com 7. Home Address 3.246 S. County Rd. P  8. City Pommark S: License/State ID Number P250-5187-5685-07  Part C: Address History 1. Do you currently reside in Wisconsin? State of Invited in Wisconsin prior to the date of application? Years State ID State	2. Business Trade Name or DBA  3. Entity Type (check one)	Part A:	<b>Business Informati</b>	on								
2. Business Trade Name or DBA  3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization  Part B: Individual Information  1. Last Name Pigeon Rristine Size Previous Address 1  3. M.I. T  4. Relationship to Business (Title) Vice President None Address Size Page Previous Address 1  3. M.I. T  4. Relationship to Business (Title) Vice President None Address Size Pigeon@yahoo.com Size	2. Business Trade Name or DBA  3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Org.  Part B: Individual Information  1. Last Name Pigeon Pigeon Persident Rristine  4. Relationship to Business (Title) S. Email Kristine  5. Email Kristine  7. Home Address 3246 S. County Rd. P  8. City Pommark  12. First Name Kristine  9. State WI Denmark  13. Drivers License/State ID State of Issuance  P250-5187-5685-07  Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  13. Drivers License/State ID State of Issuance  Previous Address 1  2. City State 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  Previous Address 6  City State Zip Code  Previous Address 6  City State Zip Code  Previous Address 6  City State Zip Code  Previous Address 7  City State Zip Code  Previous Address 8  City State Zip Code  Previous Address 9	-										
3. Entity Type (check one)   Carporation   C	Scale Proprietor   Partnership   Limited Liability Company   Corporation   Nonprofit Org.			(din	Street							
Sole Proprietor   Partnership   Limited Liability Company   Corporation   Nonprofit Organization	Sole Proprietor   Partnership   Limited Liability Company   Corporation   Nonprofit Org.	2. Busine	ss Trade Name or DBA									
Part B: Individual Information  1. Last Name Pigeon Vice President Vice Previous Address  3. M.I. T  6. Phone 920-973-0074  11. Date of Birth Vice Previous Address Vice Vice Vice Vice Vice Vice Vice Vice	Part B: Individual Information  1. Last Name Pigeon 4. Relationship to Business (Title) Vice President 7. Home Address 3246 S. County Rd. P  8. City Denmark 12. First Name Vristline 9. State Wil 10. Zip Code Wil 54208 11. Date of Birth Denmark 12. Drivers License/State ID Number P250-5187-5685-07  Part C: Address History 1. Do you currently reside in Wisconsin? If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3. Address 1 3. Drivers License/State ID State of Issuance Previous Address 2 City State City State Zip Code Previous Address 3 City State Zip Code City State Zip Code City State Zip Code Previous Address 4 City State Zip Code State Zip Code City State Zip Code	3. Entity 7	Type (check one)									
1. Last Name Pigeon 2. First Name Kristine 3. M.I. T 4. Relationship to Business (Title) Vice President Vice President 7. Home Address 3246 S. County Rd. P 8. City Denmark Denmark Pigeon 9. State WI 10. Zip Code 54208 11. Date of Birth 05/25/1975 12. Drivers License/State ID Number P250-5187-5685-07  Part C: Address History 1. Do you currently reside in Wisconsin? If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? 1. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P Previous Address 2 City State Zip Code Previous Address 3 City State Zip Code Previous Address 4 City State Zip Code Previous Address 4 City State Zip Code	1. Last Name Pigeon 4. Relationship to Business (Title) Vice President 7. Home Address 3246 S. County Rd. P 8. City Denmark 9. State Previous Address 4  2. First Name Kristine 8. Email Kristine.pigeon@yahoo.com 920-973-0  8. Provious Naddress 1  9. State WI 10. Zip Code WI 11. Date of Birth 05/25/197  13. Drivers License/State ID State of Issuance 14. Previous Address 4  City Denmark 15. Email Kristine.pigeon@yahoo.com 920-973-0  16. Phone 920-973-0  17. Date of Birth 05/25/197  18. Drivers License/State ID State of Issuance 19. State WI 10. Zip Code 11. Date of Birth 05/25/197  13. Drivers License/State ID State of Issuance 19. S	☐ So	le Proprietor P	artnership	Limite	ed Liabili	ty Compai	ny 🗌 Corporation	on 🔀	Nonprofit Or	ganization	
1. Last Name Pigeon 2. First Name Kristine 3. M.I. T 4. Relationship to Business (Title) Vice President Vice President 7. Home Address 3246 S. County Rd. P 8. City Denmark Denmark Pigeon 9. State WI 10. Zip Code 54208 11. Date of Birth 05/25/1975 12. Drivers License/State ID Number P250-5187-5685-07  Part C: Address History 1. Do you currently reside in Wisconsin? If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? 1. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P Previous Address 2 City State Zip Code Previous Address 3 City State Zip Code Previous Address 4 City State Zip Code Previous Address 4 City State Zip Code	1. Last Name Pigeon 4. Relationship to Business (Title) Vice President 7. Home Address 3246 S. County Rd. P 8. City Denmark 9. State Previous Address 4  2. First Name Kristine 8. Email Kristine.pigeon@yahoo.com 920-973-0  8. Provious Naddress 1  9. State WI 10. Zip Code WI 11. Date of Birth 05/25/197  13. Drivers License/State ID State of Issuance 14. Previous Address 4  City Denmark 15. Email Kristine.pigeon@yahoo.com 920-973-0  16. Phone 920-973-0  17. Date of Birth 05/25/197  18. Drivers License/State ID State of Issuance 19. State WI 10. Zip Code 11. Date of Birth 05/25/197  13. Drivers License/State ID State of Issuance 19. S		l'									
Pigeon Kristine T  4. Relationship to Business (Title) Vice President S. Email Kristine.pigeon@yahoo.com  7. Home Address 3246 S. County Rd. P  8. City Denmark S. Email Kristine.pigeon@yahoo.com  9. State WI S4208 S. County Rd. P  8. City Denmark S. Email State ID Number S4208 S420	A. Relationship to Business (Title) Vice President  7. Home Address 3246 S. County Rd. P  8. City Denmark  P250-5187-5685-07  Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 3  City Denmark  City State Zip Code  Previous Address 4  City State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code	Part B:	Individual Informat	ion							-3	
4. Relationship to Business (Title) Vice President  7. Home Address 3246 S. County Rd. P  8. City Denmark  10. Zip Code WI  11. Date of Birth 05/25/1975  13. Drivers License/State ID State of Issuance P250-5187-5685-07   Part C: Address History  1. Do you currently reside in Wisconsin?  1. Do you currently reside in Wisconsin?  1. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 2  City State  Previous Address 3  City State  City State  Zip Code  Previous Address 3  City State  Zip Code  Previous Address 4  City State  Zip Code  Previous Address 3	4. Relationship to Business (Title) Vice President Vice Previous Address 3246 S. County Rd. P  8. City Denmark Vice Vice Vice Vice Vice Vice Vice Vice	1. Last Na	ame									
Vice President kristine.pigeon@yahoo.com 920-973-0074  7. Home Address 3246 S. County Rd. P  8. City	Vice President   Kristine.pigeon@yahoo.com   920-973-077.     7. Home Address   3246 S. County Rd. P     8. City	Pige	on			K	Kristine				T	
7. Home Address 3246 S. County Rd. P 8. City Denmark 9. State WI 54208 11. Date of Birth 05/25/1975 12. Drivers License/State ID Number P250-5187-5685-07  Part C: Address History 1. Do you currently reside in Wisconsin? If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P Denmark Vi State Vi City Denmark Vi State Vi Code Previous Address 3 City State Vi Code Previous Address 4 City State Vi Code Vi City State Vi Code Vi City Vi State Vi Code Vi City Vi State Vi Code Vi City Vi Code Vi Cod	7. Home Address 3246 S. County Rd. P 8. City Denmark 10. Zip Code WI 54208 11. Date of Birth 54208 11. Date of Birth 05/25/197 12. Drivers License/State ID Number P250-5187-5685-07 13. Drivers License/State ID State of Issuance Part C: Address History 1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Previous Address 1 3246 S. County Rd. P Denmark VI 54208 Previous Address 2 City State Zip Code Previous Address 3 City State Zip Code City State Zip Code 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 County Sta	4. Relatio	nship to Business (Title)						T	6. Phone		
3246 S. County Rd. P  8. City Denmark  Denmark  12. Drivers License/State ID Number P250-5187-5685-07  Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1  3246 S. County Rd. P  Previous Address 2  City State  Zip Code Frevious Address 3  City State  Zip Code	3. City Denmark  8. City Denmark  9. State WI 54208  11. Date of Birth 05/25/197  12. Drivers License/State ID Number P250-5187-5685-07  13. Drivers License/State ID State of Issuance P250-5187-5685-07  Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 49  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P  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 County State County  Brown  State County State County  State County  State County  State County  State County  State County  State County  State County  State County  State County  State County  State County  State County  State County  State County  State County  State County  State County		Vice President		kristir	ne.pige	on@ya	hoo.com		920-973-	0074	
8. City Denmark  Denmark  9. State WI 54208  11. Date of Birth 05/25/1975  12. Drivers License/State ID Number P250-5187-5685-07  Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P  Previous Address 2  City  Denmark  VI  State  Zip Code  54208  Previous Address 3  City  State  Zip Code  54208  Previous Address 4  City  State  Zip Code  State  Zip Code  State  State  State  Zip Code  State  St	8. City Denmark  Denmark  12. Drivers License/State ID Number P250-5187-5685-07  Part C: Address History  13. Drivers License/State ID State of Issuance  Part C: Address History  15. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?	7. Home	Address						-			
Denmark  12. Drivers License/State ID Number P250-5187-5685-07  Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?	Denmark	324	46 S. County Rd. I	Р								
12. Drivers License/State ID Number P250-5187-5685-07    The state of Issuance   Part C: Address History   Previous Address 1   Previous Address 2   Previous Address 2   Previous Address 3   Previous Address 4   Previous Address 4   Previous Address 4   Previous Address 4   Previous Address 5   Previous Address 6   Previous Address 7   Previous Address 8   Previous Address 9   Previous	12. Drivers License/State ID Number P250-5187-5685-07    Part C: Address History	1 7						· ·		11. Date of Bir	th	
Part C: Address History  1. Do you currently reside in Wisconsin?	Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 49  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1  3246 S. County Rd. P  Denmark  City  State  Zip Code  Previous Address 2  City  State  Zip Code  City  State  Zip Code  Previous Address 4  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Previous Address 5  City  State  Zip Code  State  Zip Code  Previous Address 5  City  State  Zip Code  State  County	De	nmark				WI	54208		05/25/19	75	
Part C: Address History  1. Do you currently reside in Wisconsin?	Part C: Address History  1. Do you currently reside in Wisconsin?			г				13. Drivers License/S	State ID Stat	te of Issuance		
1. Do you currently reside in Wisconsin?	1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  Years 49  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P  Previous Address 2  City  Denmark  City  State  Zip Code 54208  Previous Address 3  City  State  Zip Code  State  Zip Code  State  State  Zip Code  State  City  State  City  State  City  State  City  State  County	P2	50-5187-5685-07									
1. Do you currently reside in Wisconsin?	1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  Years 49  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P  Previous Address 2  City  Denmark  City  State  Zip Code 54208  Previous Address 3  City  State  Zip Code  State  Zip Code  State  State  Zip Code  State  City  State  City  State  City  State  City  State  County							11				
1. Do you currently reside in Wisconsin?	1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  Years 49  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P  Previous Address 2  City  Denmark  City  State  Zip Code 54208  Previous Address 3  City  State  Zip Code  State  Zip Code  State  State  Zip Code  State  City  State  City  State  City  State  City  State  County	Part C:	Address History								*** 1	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 49	If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 49  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P  Previous Address 2  City  Denmark  City  State  Zip Code  State  Zip Code  Previous Address 3  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Previous Address 5  City  State  Zip Code  Previous Address 5  City  State  County			sconsin?						Vγ	'es \ \ \ No	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1  3246 S. County Rd. P  Denmark  City  Denmark  City  City  State  Zip Code  VI  54208  Previous Address 2  City  State  Zip Code	2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P  Previous Address 2  City  Denmark  City  State  Zip Code  54208  Previous Address 3  City  State  Zip Code  Previous Address 4  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  Previous Address 5  City  State  Zip Code  City  State  Zip Code  State  Zip Code  State  Zip Code  City  State  County		a carraring recrae in this	3001101171	20 1000 1001 10000 E	2. 10. 10	. 15. 15/2/	28 (6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	. 53 · 53 · 55	. 52 . 5 .	03 110	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1	2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1 3246 S. County Rd. P  Previous Address 2  City  Denmark  City  State  Zip Code 54208  Previous Address 3  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  Previous Address 4  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  State  Zip Code  State  Zip Code  State  City  State  County	If yes	to 1 above, how long ha	ave you co	ontinuously lived	d in Wisc	onsin prio	r to the date of applica	ation?		Months	
Previous Address 1 3246 S. County Rd. P Denmark VI 54208  Previous Address 2 City State Zip Code Zip Code City State Zip Code  Previous Address 3 City State Zip Code City State Zip Code  Previous Address 4 City State Zip Code	Previous Address 1 3246 S. County Rd. P  Previous Address 2  City  State  VI  State  S	; ———										
3246 S. County Rd. P  Denmark  City  State  Zip Code  Previous Address 3  City  State  Zip Code  City  State  Zip Code	3246 S. County Rd. P  Previous Address 2  City  State  Zip Code  State  Zip Code  City  State  Zip Code  State  City  State  County			of your ad	dresses within	the last 5	years. At	tach additional sheets	s if necessa	ary.		
Previous Address 2  City  State  Zip Code  Previous Address 3  City  State  Zip Code  City  State  Zip Code	Previous Address 2  City  State  Zip Code  City  State  City  State  City  State  City  State  City  State  Code  City  State  County					1 '						
Previous Address 3  City  State  Zip Code  Previous Address 4  City  State  Zip Code	Previous Address 3  City  State  Zip Code  Previous Address 4  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  County	3246	S. County Rd. P			De	Denmark			54208	54208	
Previous Address 4 City State Zip Code	Previous Address 4  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  County	Previous /	Address 2			City			State	Zip Code		
Previous Address 4 City State Zip Code	Previous Address 4  City  State  Zip Code  City  State  Zip Code  City  State  Zip Code  City  State  County											
	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 County  WI Brown  State County	Previous /	Address 3			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 County  WI Brown  State County											
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 County State County State County State County State County  State County State County State County State County	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 County State County State County State County State County  State County State County State County State County											
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	State County State County State County State County  WI Brown  State County State County State County State County											
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.	WI Brown State County State County State County State County											
State County State County State County State County	WI Brown State County State County State County State County	State	County	State	County		State	County	State	County		
	State County State County State County State County	WI	Brown									
State County State County State County State County	101	State	County	State	County		State	County	State	County		
	WI Manitowoc	VVI	Manitowoc	V————								

Part D: Criminal History			^
	4 - CF FF		
<ol> <li>Have you ever been convicted of any offenses (excludi for violation of any federal, Wisconsin, or another state</li> </ol>			. Yes X No
If yes to question 1, please list details of each conviction	n below. Attach additio	nal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes .No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	4	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of pensheets as needed.	nother state's laws or a	any county or municipal	. Yes No
Book Fr. Addison.		•	
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	iting in this business of that any license issu be prosecuted for sub	lue to any involvement in another ed contrary to Wis. Stat. Chapter omitting false statements and affid	r tier of the alcohol r 125 shall be void avits in connection
Signature Ain Q	seon	Date 01/16/2025	

#### Form **AB-100**

## **Alcohol Beverage** Individual Questionnaire



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

· sole proprietor

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

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 pr					
Two Rivers Main St	rect				
2. Business Trade Name or DBA					
3. Entity Type (check one)					
Sole Proprietor Partnership	Limited Liabil	ity Compai	ny Corporation	X	Nonprofit Organization
Part B: Individual Information					
1. Last Name	2. F	irst Name	A 31 1 1		3. M.I.
Meissner			Nicholas		A
4. Relationship to Business (Title)	5. Email		40 "	6	3. Phone
Treasurer	nme	eissner9	4@gmail.com		(920)973-6316
7. Home Address 719 Lowell St					
8. City		9. State	10. Zip Code	11	11. Date of Birth
Two Rivers		WI	54241		06/21/1994
12. Drivers License/State ID Number			13. Drivers License/Stat	e ID State	of Issuance
M256-6219-4221-02			Wiscon	sin	
					-0.8
Part C: Address History					
Do you currently reside in Wisconsin?		. 6. 80 . 89 .		3 - 9 - 9 -	Yes 🔲 No
If yes to 1 above, how long have you contin	nuously lived in Wisc	consin prio	r to the date of application	on?	Years Months 6
2. List in chronological order all of your address	sses within the last	5 years. At	tach additional sheets if	necessar	у.
Previous Address 1	City			State	Zip Code
719 Lowell St		Two Riv	ers	WI	54241
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	City State		State	Zip Code
List all states and countles you have lived it.	n as an adult. Attacl	n additiona	I sheets if necessary.		
	unty	State	County	State	County
WI Manitowoc	· •				
IVIGILIEOVOO	ounty	State	County	State	County
		1			

Continued.→

Part D: Criminal History					
Have you ever been convicted of any offenses (excludition for violation of any federal, Wisconsin, or another state)				. Yes	<b>☑</b> No
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets as nee	eded.		
Law/Ordinance Violated	Location			Conviction	Date
Penalty Imposed		Was sentence co	ompleted?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed  Was sentence completed?			ompleted?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction I	Date	
Penalty Imposed		Was sentence co	ompleted?	Yes	☐ 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?					
Part 5: Attentation					
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participa beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business of that any license issuable prosecuted for sub-	ue to any involve ed contrary to Wi mitting false state alse information o	ment in another s. Stat. Chapter ments and affid n this applicatio	tier of the 125 shall avits in con	alcohol be void nection
Signature Mullolle Mulls	u	Date	1.22.2	.5	