

Temporary Alcohol Beverage License

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

Part A: Organization Information

1. Organization Name Two Rivers Main Street		
2. Organization Permanent Address 1608 Washington Street		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address) PO Box 417 Two Rivers, WI 54241		
7. FEIN 39-1884042	8. Date of Organization/Incorporation 1996	9. State of Organization/Incorporation WI
10. Phone 920-794-1482	11. Email director@two-rivers-mainstreet.com	
12. Organization type (check one) <input 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 checked="" 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)		

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
Baeten	Joseph	President	920-621-1437
Pigron	Kristine	Vice President	920-555-2630
Kumbalek	Devin	Secretary	920-482-3732
Meissner	Nicholas	Treasurer	920-482-3712

Continued →

Part C: Event Information

1. Name of Event (if applicable)

Bryon Lee Memorial Blues Festival

2. Dates of Operation

7/12/2025

3. Hours of Operation

10am - 10pm

4. Premises Address

1700 Washington Street

5. City

Two Rivers

6. State

WI

7. Zip Code

54241

8. County

Manitowish

9. Governing Municipality



City



Town



Village

of: Two Rivers

10. Aldermanic District

11. Organizer of Event (if not the named applicant)

Two Rivers Main Street

12. Email and/or Phone Number for Organizer of Event

920-901-9743

13. Organizer Website

www.tworiversmainstreet.com

14. Event Website

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.

Alcohol will be stored and served in the park pavilion.

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

Ring

First Name

Jason

M.I.

P

Title

Director

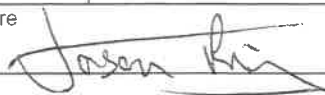
Email

director@tworiversmainstreet.com

Phone

920-794-7482

Signature



Date

1/15/2025

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

Agent Type (check one)

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Two Rivers Main Street

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☐
- Corporation
- ☒
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- 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

Ring

2. First Name

Jason

3. M.I.

P

4. Email

director@tworiversmainstreet.com

5. Phone

920-794-1482

6. Home Address

615 Buchholz Street

7. City

Two Rivers

8. State

WI

9. Zip Code

54241

10. Age

47

11. Drivers License/State ID Number

R520-4357-7296-01

12. Drivers License/State ID State of Issuance

WI

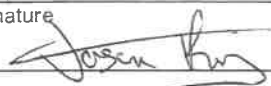
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

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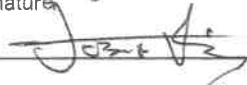
Part D: Business Attestation

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 Ring		First Name Jason		M.I. P
Title Director	Email director@tworiversmainstreet.com		Phone 920-794-1482	
Signature 			Date 1/15/2025	

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 Ring		First Name Jason		M.I. P
Signature 			Date 1/15/2025	



**TWO
RIVERS**
WISCONSIN

CITY CLERK

1717 E. Park Street
P.O. BOX 87
Two Rivers, WI 54241-0087

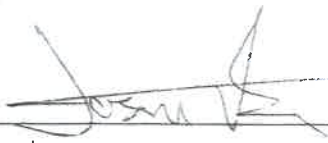
NOTE:

**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 Main Street
Organization


Signature

Jason Ring
Printed Name

1/15/2025
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)

Two Rivers Main Street

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

Kumbalek

2. First Name

Devin

3. M.I.

M

4. Relationship to Business (Title)

Secretary

5. Email

kumbalekd@shorelinecu.org

6. Phone

920-482-3732

7. Home Address

1923 Lincoln St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

05/31/1998

12. Drivers License/State ID Number

K514-1739-8691-08

13. Drivers License/State ID State of Issuance

WI**Part C: Address History**1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
24

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

2532 34th St

City

Two Rivers

State

WI

Zip Code

54241

Previous Address 2

1325 S 9th St

City

Manitowoc

State

WI

Zip Code

54220

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

WI

County

Manitowoc

State

County

State

County

State

County

State

County

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



Date

01/16/2025

Alcohol Beverage
Individual QuestionnaireDate
1/28/2025

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

- sole proprietor
- all officers, directors and agents of a corporation or nonprofit organization
- partner or a partnership
- member or a member of a limited liability company

This form, and all the information on it, will be made available to the public upon request. Individual Questionnaires are submitted:

Part A: Business Information

Legal Business Name (exclusive name if sole proprietor)

Two Rivers Main Street

Business Trade Name (if BBA)

Business Type (check one)

☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name Baeten	2. First Name Joseph	3. MI B
4. Relationship to Business (Title) Board of Directors	5. Email Joseph.Baeten@gmail.com	6. Phone 920-621-1437
7. Home Address 10200 Francis Creek Road		
8. City Two Rivers	9. State WI	10. Zip Code 54241
11. Date of Birth 4/1/89		
12. Driver's License/State ID Number B350-4828-9121-09		13. Driver's License/State ID State of Issuance WI

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?		Years 35	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
10200 Francis Creek Road	Two Rivers	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	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
WI	Manitowoc	WI	Brown
State	County	State	County

Continued

Part D: Criminal History

Have you ever been convicted of any offenses excluding traffic offenses unless related to alcohol beverages or violation of any federal, Wisconsin or another state's laws or any county or municipal ordinances?

☐ Yes ☒ No

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

Was conviction entered?	Location	Conviction Date
Penalty imposed:		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was conviction entered?	Location	Conviction Date
Penalty imposed:		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was conviction entered?	Location	Conviction Date
Penalty imposed:		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are charges for any offenses currently pending against you excluding traffic offenses unless related to alcohol beverages or 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: *A-R t* Date: 1-22-2025

Alcohol Beverage
Individual QuestionnaireDate
01/16/2025

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)

Two Rivers Main Street

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

2. First Name

Kristine

3. M.I.

T

4. Relationship to Business (Title)

Vice President

5. Email

kristine.pigeon@yahoo.com

6. Phone

920-973-0074

7. Home Address

3246 S. County Rd. P

8. City

Denmark

9. State

WI

10. Zip Code

54208

11. Date of Birth

05/25/1975

12. Drivers License/State ID Number

P250-5187-5685-07

13. Drivers License/State ID State of Issuance

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
49

Months

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

City

Denmark

State

WI

Zip Code

54208

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

State

County

State

County

WI

Brown

State

County

State

County

State

County

State

County

WI

Manitowoc

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 	Date 01/16/2025
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Alcohol Beverage
Individual QuestionnaireDate
1/28/2015

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.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Two Rivers Main Street	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name Meissner		2. First Name Nicholas		3. M.I. A
4. Relationship to Business (Title) Treasurer		5. Email nmeissner94@gmail.com		6. Phone (920)973-6316
7. Home Address 719 Lowell St				
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 06/21/1994
12. Drivers License/State ID Number M256-6219-4221-02			13. Drivers License/State ID State of Issuance Wisconsin	

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?				Years 30	Months 6
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 719 Lowell St		City Two Rivers		State WI	Zip Code 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		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Manitowoc	State	County	State	County
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 <i>Nicholas M. M...</i>	Date <i>1.22.25</i>
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