AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF TWO RIVERS

License(s) Requested				Fees
			License Fees	\$ 10.00
☐ Temporary "Class B" '	Wine 🔀 Temporary Cl	ass "B" Beer	Background Check	< \$
	,		Total Fees	\$ 10.00
Part A: Organization Informa	ation			
1. Organization Name	6.0			
I WO KIVEUS ME	ain Street			
2. Organization Permanent Address	din Street ton Street			
3. City	ton Street		4. State 5	5. Zip Code
Two RIVERS			4. State 3	54241
6. Mailing Address (if different from pe	_ ,			Y
PO BOX 417	Two Rivers, W	I 54241		
39-1884042	8. Date of Organization/I	ncorporation	9. State of Organizat	ion/Incorporation
10. Phone 930-794-1482	11. Email	two rivers	mainchast	- COM
12. Organization type (check one)			7,000-1	
☐ Bona Fide Club ☐	Church	ation/Agricultural Socie	ety 🗌 Veterar	n's Organization
☐ Lodge/Society	Chamber of Commerce or simi	lar Civic or Trade Org	anization under ch.	181, Wis. Stats.
13. Is this organization required to	hold a Wisconsin Seller's permit		00 600 1 600 100 100 100 100 1	Yes 🙀 No
14. Wisconsin Seller's Permit Number ((if applicable)			
Part B: Individual Informatio	n:			
List the name, title, and phone nu (Form AB-100) for each person lis			ization. Include an I	ndividual Questionnaire
Corporations must also include Ale		•		
Last Name	First Name	Title		Phone
O a sal a				Holle
Barten	Joseph	President		430-631-1437
Pigeon	Kristine	Via Pre	sideut	920-555-2630
Kumbalek	Devin	Secretory	1	496-487-3732
Meissner	Nicholas	Treseasi	12	920-482-3712

 $Continued \longrightarrow$

Part C: Event Information			
1. Name of Event (if applicable)			
The Great TRIVIA Control	-		
2. Dates of Operation		3. Hours of Opera	
3/14/2025 4. Premises Address		5pm-1	10 pm
1710 W. Park Street			
5. City		6. State	7. Zip Code
Two Rivers		WI	54241
	Nunicipality 🔂 City 🔲 Town	☐ Village 10	. Aldermanic District
Manitowoc of: Tu	o Rivers		
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Nur		of Event
Two Rivers Main Street	720-901-97	43	
13. Organizer Website	14. Event Website		
WWW. two civers main street. com			
15. Premises Description - Describe the building or building stored, or consumed, and related records are kept. D alcohol beverage activities and storage of records may or diagram and additional sheets if necessary.	escribe all rooms within the buay occur only on the premises	uilding, including l	iving quarters. Authorized
Serond + Honord Hiteron in lay	Jym,		
Part D: Attestation			
Who must sign this application?			
one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penal	ty of law I have answered ea	ch of the above	questions completely and
truthfully. I agree that I am acting solely on behalf of the			
seeking the license. Further, I agree that the rights and	esponsibilities conferred by th	e license(s), if gra	anted, will not be assigned
to another individual or entity. I agree to operate accord			
from Wisconsin-permitted wholesalers. I understand that be deemed a refusal to allow inspection. Such refusal is			
that any license issued contrary to Wis. Stat. Chapter 1:	•		
be prosecuted for submitting false statements and affida			
provides materially false information on this application	may be required to forfeit not i	more than \$1,000	if convicted.
Last Name	First Name		M.I.
Ring	Jason		ρ
Title Ema			Phone
	iretor@tworreds,	main stated . 12	
Signature \	11.0101 - 1001110151	Date	
otoson Kin		1/15	/2025
Just III			7 00 40
Description of the control of the co			
Part E: For Clerk Use Only	Lineman Number		
Date Application Was Filed With Clerk	License Number		
Data License Crented	Data Lisanes Issued		
Date License Granted	Date License Issued		
Signature of Clerk/Deputy Clerk			
Organization of Organization Colors			

Form AB-101

Alcohol Beverage Appointment of Agent

Date 1/15/2015

Agent Type (check one)					
☐ Original (no fee)	Successor (\$10 fee for mu	ınicipal licensees only)			
Part A: Business Informa	ation				
1. Legal Business Name (individua					Ų,
Two Rivers	Main Street				
2. Business Trade Name or DBA					
3. Entity Type (check one)		П о	——————————————————————————————————————		
	Limited Liability Company	☐ Corporation	Non	profit Organization	
4. Alcohol Beverage Business Aut Municipal Retail Licer		5. If successor agent, provide \$	State Permit or Mu	ınicipal Retail License	Number
	ting a successor agent, if successor i	is checked above.			
Part B: Agent Information	n				
1. Last Name		2. First Name		3. M	1.1
Pina		Jason			P
4. Email	i i i i i i i i i i i i i i i i i i i			5. Phone	
director Ptwor	ivers main street. Co.	M		920-794-1	482
6. Home Address	ivers main street. co.	·		,,,,	
1015 15VC hho	2 Street	8. State 9. Zip Code		40.4	
7. City TWO RINGYL		8. State 9. Zip Code S4341		10. Age Ц7	
11. Drivers License/State ID Num	her		icense/State ID S		
The second control of	1-7296-01	IW	-100/100/01410 12 0	nate of localities	
,					
Part C: Agent Questions					
	oonsible beverage server trainin	g requirement?	e	Yes	☐ No
Have you completed Form Submit a completed Form A	AB-100, <i>Alcohol Beverage Indi</i> AB-100 with this form.	vidual Questionnaire?	80 - 2 B SC - 858 - 858 -	.v	☐ No
Have you been a Wisconsi See instructions for except	n resident for at least 90 continuions.	uous days?	ng.eu.se.se.	X	☐ No

Part D: Business Attestation		*
READ CAREFULLY BEFORE SIGNING: I, the Undersig corporation, nonprofit organization, or limited liability conbeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting fals any person who knowingly provides materially false informif convicted.	mpany with full authority and control of the pauthorized by the above-named entity to authent, I rescind all previous agent appointments e statements and affidavits in connection with nation on this application may be required to form	remises and of all alcohol norize this individual to act for this premises. Further, h this application, and that
Ring	First Name	M.I. P
Title Email		Phone
N.Z.	ar Etwordras main Street.com	920-794-1482
Signature for the	Date 1/15	12025
Part E: Agent Attestation		
READ CAREFULLY BEFORE SIGNING: I, the Agent , her nonprofit organization, or limited liability company and as on the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,00	sume full responsibility for the conduct of all a r understand that I may be prosecuted for so any person who knowingly provides material 00 if convicted.	alcohol beverage activities ubmitting false statements
Last Name	First Name	M.I.
Ring	Josen	P
Signature	Date 1/15	12025
	. —/	



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 }	I VENS	Main	Stret	
Organizatio				
1	150 M	4		
Signature				
QS Printed Na	on R me	ING		
\\ iS	8 06/3	5		



awarded to

Jason Ring

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

www.Wisconsin-Bartending.com Training Provider

07/31/2024

Training Date



City of Two Rivers 2 Year Operator's License

Jason Ring

615 Buchholz St Two Rivers, WI 54241

License No: 240090 Issued: 10/10/2024 Expires: 06/30/2026 Fee: \$52.00



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

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

noi beverage applica							
Business Informa	ation						
		1000					
ss Trade Name or DBA							
ype (check one) e Proprietor	Partnershi	p 🗌 Limite	ed Liabili	ty Compar	ny 🗌 Corporati	on 🛛	Nonprofit Organization
Individual Inform	ation						
alek							3. M.I.
nship to Business (Title) tary		5. Email kumba	alekd@)shoreli	necu.org		6. Phone 920-482-3732
ddress Lincoln St							
livers				9. State WI	10. Zip Code 54241		11. Date of Birth 05/31/1998
s License/State ID Numl 1739-8691-08	ber				13. Drivers License/S	State ID Stat	e of Issuance
Address History							
u currently reside in V	Visconsin?				entinteeteeteetee	16.63 (19.1)	Yes No
to 1 above, how long	have you c	ontinuously lived	d in Wisc	onsin prio	r to the date of applic	ation?	Years Months
chronological order a	II of your a	ddresses within	the last 5	years. At	tach additional sheets	s if necessa	ıry.
Address 1 4th St			City Tw	Two Rivers			Zip Code 54241
Address 2 9th St			City Ma	City Manitowoc			Zip Code 54220
Address 3			City	City			Zip Code
Address 4			City	City		State	Zip Code
Previous Address 5			City	City		State	Zip Code
states and counties	you have liv	ved in as an adu	lt. Attach	additiona	I sheets if necessary.		=
County Manitowoc	State	County		State	County	State	County
Marinovoc							
	Business Informativations Name (individual informativations) Individual Informativations (Title) Individual Informativations (Interview Informativations (Interview Informativations (Interview Informativations (Interview Informativations Informativation	ss Trade Name or DBA Type (check one) e Proprietor Partnershi Individual Information me alek Inship to Business (Title) tary Inddress Incoln St Tivers Incoln St Incoln St	insiness Name (individual name if sole proprietor) Reference Ref	ss Trade Name or DBA ype (check one) e Proprietor Partnership Limited Liabilit Individual Information me alek ship to Business (Title) tary coddress Lincoln St tivers s License/State ID Number 1739-8691-08 Address History Licently reside in Wisconsin? to 1 above, how long have you continuously lived in Wisconsins of the St Address 1 Ath St Address 2 9th St Address 4 Address 5 City States and counties you have lived in as an adult. Attach County State County	pusiness Name (individual name if sole proprietor) Trade Name or DBA ype (check one) e Proprietor Partnership Limited Liability Compare Individual Information me alek Devin Stary State Name Devin Stary State WI State Lincoln St State State ID Number 1739-8691-08 Address History Lourrently reside in Wisconsin? Lourrently reside in Wisconsin in the last 5 years. At the lourrently re	usiness Name (individual name if sole proprietor) Provis Mose Street ss Trade Name or DBA ype (check one) e Proprietor Partnership Limited Liability Company Corporati Individual Information me alek Devin S. Email kumbalekd@shorelinecu.org didress Lincoln St livers WI 54241 13. Drivers License/ 1739-8691-08 Address History Lo 1 above, how long have you continuously lived in Wisconsin prior to the date of application of the state of th	usiness Name (Individual name if sole proprietor) C FOUGS MOND STREET ss Trade Name or DBA ype (check one) e Proprietor Partnership Limited Liability Company Corporation Partnership Limited Liability Company Corporation

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	's laws or of any coun	ty or municipal ordinances?	. Yes X No
If yes to question 1, please list details of each conviction		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 a ordinances? If yes to question 2, describe nature and status of persheets as needed.	nother state's laws or	any county or municipal	. Yes X No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal	ty of law I have ansi	vered each of the above question	ns completely and
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 knowingle to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issu y be prosecuted for su	due to any involvement in anothe led contrary to Wis. Stat. Chapte bmitting false statements and affic	r tier of the alcohol r 125 shall be void davits in connection
Signature Den Kumbalel		Date 01/16/2025	Б

Form

AB-100

Alcohol Beverage Individual Questionnaire

1/97/3092

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			if a majoration and		irgamzailon	
ii ildii ii boimiaga inglicanne gi iires						
Part A. Business Information						
Tees Figto Main						
S. P. smelor Panterson			☐ Corporation	包	Sunpreh Un	Jan zahiri
Part B: Individual Information						
Bacten	Committee of the commit	1 Feel Mines	seph			B
Bound of Directors	J	oseph. Baekn E	gmail, com		920 - Le 2	1-143
10000 Francis Creek	Road					
Two Rivers		WI	54241		4/1/8	4.0
B350 - 4828 - 9121.	- 09		W I		ci (ssuance	
Part C: Address History						
Do you comently relate in Wiscomer?					XY	
			the cate of applicat		78ars	Margne
. I bi in chiqui blogical broke all hij yeur ä			h add/bonal streets f		•	
10200 Francis Creek Road		The O's		STEEL	Zio Code	41
	magnetic and a second s	Two Risa	13	WI	542	
- years Address I	and the second s	100 1210	115	SIE	7420 Good	
Therman Additions 3		700 7200	13			-
		- Charles and	13	Slave	Zin Cone	-
		26	<i>i</i> ,	Stare	Zer Cone Zer Cone	
Production Additional in the Contraction of the Con		20 20 24 24		State State	Zip Code Zip Code	
Trinquists Assistant I		Ciri Tin Uliy		State State	Zip Code Zip Code	-

Part D: Criminal History			
have voluever bean convicted of any of vor violation of any federal. Wisconsin. of			Yes X No
(* xes lo suestion * please list details d	each conviction below. After his	dadional sheets as needed	
an a Jird Natice indianed			Convertion Date
		Was senience completed?	Tes [No
LIN [commone violated			Son Artion Date
Parity Indistra		Was sentence completed?	Yes ho
Law Ordinatore Violated			Comention Bate.
		Was sentence completed?	Yes W
Are charges for any different currently preverages; for violation of any tederal indinances? If yes to mestion a describe nature as sheets as meeded.	Wisconsin of another states law	s or any county or municipal	Ves Who
Part E: Attestation READ CAREFULLY BEFORE SIGNING Institutionly. I certify that I amount problems to the day and store at a restricted investigation penalty of state law infurther under with this application, and that any person to forfell not more than \$1,000 if convicts.	d from participating in this busin is: Lupumstated that any impose stand that i may be prospected to who known may be prospected to who known may provides materi	essione to any involvement in and resided contrary to Wis Stati Cha or submitting talse statements and the submitting talse statements and the submitting talse.	other tier of the alcohol opter 125 shall be your affidavits in connecting
southful s	-6	Date 1 - 22	-7025

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 according beverage application of renewal		urm an requi	ed marviduar Questio	illianes an	e submitted.	
Part A: Business Information						
1. Legal Business Name (individual name if sole pro						
Two Kives Main St	rect					
2. Business Trade Name or DBA			>			
3. Entity Type (check one)						
☐ Sole Proprietor ☐ Partnership	Limited Lia	ability Compa	ny 🗌 Corporation	on 🔀	Nonprofit Org	anization
Part B: Individual Information						en 3
1. Last Name	1:	2. First Name			3	. M.I.
Pigeon		Kristine				T
4. Relationship to Business (Title)	5. Email				6. Phone	
Vice President	kristine.p	igeon@ya	ihoo.com		920-973-0	074
7. Home Address						
3246 S. County Rd. P						
8. City		9. State	10. Zip Code		11. Date of Birti	1
Denmark		WI	54208		05/25/197	5
12. Drivers License/State ID Number			13. Drivers License/S	State ID Stat	e of Issuance	
P250-5187-5685-07						
Part C: Address History						
					571.4	
Do you currently reside in Wisconsin?	/. 504 . 504 . 575 127.				. X Ye	s No
If yes to 1 above, how long have you contin	uously lived in W	Visconsin pric	r to the date of applica	ation?	Years	Months
		,	. ,		49	
2. List in chronological order all of your address	sses within the la	ist 5 years. A	tach additional sheets	if necessa	ary.	·
Previous Address 1		City		State	Zip Code	
3246 S. County Rd. P	1	Denmark		WI	54208	
Previous Address 2	(City			Zip Code	
Previous Address 3	(City			Zip Code	
Previous Address 4		City		State	Zip Code	
		,				
Previous Address 5	(City		State	Zip Code	
		•			,	
2 tiatallatata and according to the Control		1 1 100	1 1 4 17			
3. List all states and counties you have lived in			-		-	
	unty	State	County	State	County	
WI Brown						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	unty	State	County	State	County	=
Manitowoc Manitowoc						

Continued \rightarrow

Part D: Criminal History			*	×
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state)				X No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction D	Date
Penalty Imposed		Was sentence completed?	Yes	☐ No
Law/Ordinance Violated	Location		Conviction D	Date
Penalty Imposed	, X	Was sentence completed?	Yes	☐ No
Law/Ordinance Violated	Location	3.	Conviction E	Date
Penalty Imposed		Was sentence completed?	Yes	☐ No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?	nother state's laws or	any county or municipal	Yes	No No
Part E: Attestation		E		
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 knowingle to forfeit not more than \$1,000 if convicted. Signature	ating in this business of that any license issu y be prosecuted for su	due to any involvement in anothe ned contrary to Wis. Stat. Chapte bmitting false statements and affi	er tier of the a er 125 shall t davits in con	alcohol oe void nection

Form AB-100

Alcohol Beverage Individual Questionnaire

1/23/2035

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	A: Business Informa	tion								
	Business Name (individua		le proprietor)							
10	40 Killus 1	Moin	Street							
2. Busir	ness Trade Name or DBA									
_ `	/ Type (check one)									
	Sole Proprietor	Partnership	D Limited	Liabili	ty Compa	ny 🔲 Corp	oration 🔀	Nonprofit O	rganization	
Part E	3: Individual Informa	ation								
1. Last I				2. Fi	rst Name			1	3. M.I,	
	Meissner					Nicholas			Α	
4. Relat	ionship to Business (Title)		5. Email				T	6. Phone		
	Treasurer			nme	issner9	4@gmail.cor	n	(920)97	3-6316	
7. Home	Address									
	719 Lowell	St								
8. City	Tue Divers				9. State	10. Zip Code		11. Date of Bi	rth	
	Two Rivers				W	54241		06/21	/1994	
12. Drive	ers License/State ID Numb	er				13. Drivers Lice	nse/State ID State	e of Issuance	f Issuance	
	M256-6219-42	221-02				\ \	isconsin			
Part C	: Address History								**	
	ou currently reside in W	lieconein?							/a. [7] Na	
т. Бо у	ou cultonay leside in vi	ISCULISIT:	6 • 800 • 800 • 800 • 600 • 100	01-140-401-40	9 690 (30 - 30	# -		🔯 \	es No	
If yes	s to 1 above, how long h	nave you co	ontinuously lived in	n Wisc	onsin pric	r to the date of a	plication?	Years	Months	
					·		•	30	6	
2. List i	n chronological order al	l of your ad	dresses within the	last 5	years. At	tach additional sh	neets if necessa	ıry.		
Previous	Address 1			Clty			State	Zip Code		
7	719 Lowell St			Two Rivers			WI	5424	1	
Previous	Address 2			City			State	Zip Code		
	1									
Previous	Address 3			City			State	Zip Code	***	
Previous	Address 4			City			State	Zip Code		
	4									
Previous	Address 5			City			State	Zip Code		
3. List a	all states and countles y	ou have live	ed in as an adult.	Attach	additiona	I sheets if necess	ary.	-		
State	County	State	County		State	County	State	County		
WI	Manitowoc									
State	County	State	County		State	County	State	County		
	ii ii									

Part D: Criminal History			·);
Have you ever been convicted of any offenses	(excluding traffic offenses ur	less related to alcohol beverage	s) .
for violation of any federal, Wisconsin, or anoth	ner state's laws or of any coul	nty or municipal ordinances?	Yes 🔽 No
If yes to question 1, please list details of each of	conviction below. Attach addit	ional 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 sente		Was sentence completed?	Yes No
Law/Ordinance Vlolated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
ordinances?			Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Unde truthfully. I certify that I am not prohibited from p beverage industry as a restricted investor. I und under penalty of state law. I further understand the with this application, and that any person who kn to forfeit not more than \$1,000 if convicted.	articipating in this business erstand that any license issi at I may be prosecuted for su	due to any involvement in anoth ued contrary to Wis. Stat. Chap bmitting false statements and aff	er tier of the alcohol ter 125 shall be void fidavits in connection
Signature Mukolu Muy	ashe	Date 1. ZZ.	25