AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF TWO RIVERS

License(s) Requested	Fe	es		
☐ Temporary "Class B" Wine		License Fees	\$	10.00
	Temporary Class "B" Beer	Background Check	\$	
		Total Fees	\$	10.00

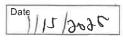
Part A: Organization Inform	ation		
1. Organization Name	4		
INO KIVEIS M	ton Street		
2. Organization Permanent Address	1 01 - 1		
1600 Washing	ton Street		10.71.0
JWO RIVERS		4. Sta	te 5. Zip Code)[5424]
6. Mailing Address (if different from po			
PO BOX 417	Two Rivers, c		
39-1884042	8. Date of Organization	on/Incorporation 9. State of WI	Organization/Incorporation
10. Phone 920-794-1482	11. Email	C two rivers mains	threat-coma
12. Organization type (check one)		2 1010 1 10 377 0017 2	TOTA CON
☐ Bona Fide Club	Church Fair Asso	ociation/Agricultural Society	Veteran's Organization
	4	imilar Civic or Trade Organization u	
		<u></u>	
13. Is this organization required to	hold a Wisconsin Seller's perr	nit?	
14. Wisconsin Seller's Permit Number	(if applicable)		
Part B: Individual Information	in		
List the name, title, and phone nu	umber for all officers, directors	, and agent of the organization. Inc	lude an Individual Questionnaire
(Form AB-100) for each person lis			
Corporations must also include A	lcohol Beverage Appointment	of Agent (Form AB-101).	
Last Name	First Name	Title	Phone
Barten	local	President	(a) (a) (b) 7
	Joseph	President	930-631-1437
Pigton	Kristine	Vice President	920-555-2630
Kumbalek	Pevin	Secretary	920-487-3732
Meissner	Nicholas	Trespance	920-482-3712
1,(5,)/1/6,	1712 40104	11000041	190 204 2119

Continued \rightarrow

Part C: Event Information			
1. Name of Event (if applicable)			
Ethnic Fest		_	
2. Dates of Operation		3. Hours of Ope	
9/20/2025		10 am	- 6pm
4. Premises Address			
1760 Washington Street		10.04-4-	7.7.0.1
5. City Two Rivers		6. State	7. Zip Code 5434\
	nicipality 🔣 City 🔲 Town		10. Aldermanic District
	RIVERS	_ village	10. Aldernanic District
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Numb	er for Organize	er of Event
Two Rivers Main Street	920-901-974.	_	
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. Des alcohol beverage activities and storage of records may or diagram and additional sheets if necessary. Alcohol will be Stored + Set	cribe all rooms within the build occur only on the premises de	ding, including escribed in th	g living quarters. Authorized is application. Attach a map
Alcohol will be stored & sev	Jean on the found	100,,	
Part D: Attestation			•
Who must sign this application?			
one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty truthfully. I agree that I am acting solely on behalf of the a	applicant organization and not	on behalf of	any other individual or entity
seeking the license. Further, I agree that the rights and rest to another individual or entity. I agree to operate according			
from Wisconsin-permitted wholesalers. I understand that la			
be deemed a refusal to allow inspection. Such refusal is a			
that any license issued contrary to Wis. Stat. Chapter 125 be prosecuted for submitting false statements and affidavit			
provides materially false information on this application materials			
Last Name	First Name		M.I.
Ring	0.50 m		ρ
Title Email	743041		Phone
Director	retor@twosivelsma		
Signature		Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5/2025
Ausar was		1	-10030
Part F. Fan Clark Has Only			
Part E: For Clerk Use Only Date Application Was Filed With Clerk	License Number		
Date Application was Flied 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 for m	unicipal licens	sees only)			
Part A: Business Informa						
1. Legal Business Name (individua						
2. Business Trade Name or DBA	Main Street					
2. Business Trade Name of DDA						
3. Entity Type (check one)	☐ Limited Liability Company	y 🗆	Corporation	————	nprofit Organization	
Alcohol Beverage Business Auth	porization (check one)	5 If successor	agent provide St		lunicipal Retail License	
Municipal Retail Licen	,	0. 17 300003301	agent, provide of	ato i cililit oi iv	dincipal Netali Election	- Number
	ing a successor agent, if successor	is checked abo	ove.			
Part B: Agent Information	1					
1. Last Name		2. First Name			3. N	1.I. ₀
King		Jason				P
4. Email					5. Phone	
director @two ri	vers main street. co	m			920-794-1	482
6. Home Address	vers main street. co					
6/5 BUChhol	2 Street	- i				
7. City			9. Zip Code		10. Age	
11. Drivers License/State ID Numb		WI	S424)	/Ot-t- ID		
	-7296-01		WI WI	ense/State ID	State of Issuance	
11200 1271	10/0					
Part C: Agent Questions						
		na roquireme	nt?	201 • 6000 • 6000 • • 100	Yes	∏ No
Have you satisfied the resp Submit proof of completion.		ig requiremen	9091 90809		4	
Submit proof of completion.	AB-100, Alcohol Beverage Ind			50 · 630 · 630 · · id		□ No

Part D: Business Attestation			10
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 sure I understand that I may be prosecuted for sule any person who knowingly provides materially if convicted.	I liability company with full authority a y that I am authorized by the above-n ccessor agent, I rescind all previous a bmitting false statements and affidavit	and control of the property to authors appointments in connection 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.
King	Jason		P
Title	Email		Phone
Dicector	director @ two rivers ma	in Street. 10m	920-794-1482
Signature Toscu Fun		Date 1/15/	2005
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon 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 ess. I further understand that I may b on, and that any person who knowingl	the conduct of all a e prosecuted for su	lcohol beverage activities bmitting false statements
Last Name	First Name		M.I.
Ring	Josen		Ρ
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

7 WO	KIUTUS	Moun	Street	
Organizat	ion	0		
\ -	Jan 1	4		
Signature				
a. Printed Na	SOM R	ING		
Date.	806/2	. <u>5</u>		



Certificate

RESPONSIBLE BEVERAGE SERVER

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

omi

AB-100

Alcohol Beverage Individual Questionnaire

2606/66/1

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Part A: Business Informa	tion					
Two pours A						
	Samonnii				ation X	
Part B. Individual Informa	ation.					
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Bound of Direct	to 15	بحريل	ph. Back	n & gmail. ('vrn	920-621=1437
10 Low Francis	Couk	Road				
Two Rivers			WI			4/1/89
13350 - 4878-	9/21 -	09		WI		
Part C. Address History						
- 3 Am Healthouse a W						X Yes \[\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\exititt{\text{\text{\text{\text{\ti}\tinit}\\ \tittt{\text{\text{\text{\text{\text{\text{\text{\ti}\tittt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}}\\ \tittt{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\tittt{\text{\texi}\tittt{\texititt{\texi{\texi}\titt{\texi}\texit{\texi}\texittt{\texi{\texi{\texi{\texi{\tet
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Constant strategy						Zip Copte
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WI Manitowac	WI	Brown			Fitare	
				Example =		tamely.

Discontinuous violated Discontinuous violated Discontinuous violated Discontinuous violated Discontinuous violated	Part D: Criminal History			
Part E: Attestation Part E: Attestation READ CAREFULLY BEFORE SIGNING Under (2014). ** The University of the above questions completely and statefully as a resulted investor fundamental and forested investors and investors and investors and investors are resulted investors. ** The University of the Substitution of Subs				□ Yes 1 No
Was sentence completed? Yes No Declarate violates Was sentence completed? Yes No Conviction Date Was sentence completed? Yes No Conviction Date Was sentence completed? Yes No Conviction Date Penalty introcest Was sentence completed? Yes No Conviction Date Was sentence completed? Yes No Conviction Date Penalty introcest Was sentence completed? Yes No Conviction Date Was sentence completed? Yes No Was sentence completed? Yes	Il ves to question * please list details of each	from dimitely Alach	adoitional sheets as needed	
Law Changes visited Law Changes visited vis	2.00 SETT SALL T MARRIED			Conviction Date
Penalty trapesed Was sentence completed? Yes be Connection Date Penalty trapesed Was sentence completed? Yes be Yes be Are charges for any aftenoes currently pending against your excluding traffic offenses unless related to alcohol Downrages for explain of any tederal. Wisconsin or another states laws or any county or municipal organized? Yes No If yes to duestion 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 tenant, if him is have answered each of the above questions completely and furthingly certify that I am mut prohibited from participancy in this business due to any involvement in another ten of the alcohol before against the property of the tensor in the prohibited from participancy in this business due to any involvement in another ten of the alcohol before against the prohibited from participancy in this business due to any involvement in another ten of the alcohol before the property of the tensor in the prohibited from participancy in this business due to any involvement in another tensor the alcohol business and after the prohibited from participancy and the property of the tensor in connection. If all the property of the tensor is the property large information on this application may be required.			Was sentence completed?	Yes No
Penulty imposed Penulty imposed Was sentence completed? Yes bo Connection Date Penulty imposed Are charges for any efferiors currently pending against you excluding traffic offenses unless related to alcohol paylanges if or violation of any federal. Wisconsin or anythesi states laws or any country or municipal produces? Yes for quasition 2 describe nature and status of pending charges using the space below. Attrich additional wheels as needed. Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under pending charges using the space below attrich additional interests as needed. Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under pending charges using the space below attrich additional interests as needed. Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under pending charges using the space below attrich additional interests and attributed in the additional interests and additional interests and attributed in the additional interests and attributed interests. The attributed interests and attributed interests. The attributed interests and attributed interests and attributed interests and attributed interests and attributed interests. The attributed interests and attributed interests and attributed interests and attributed interests and attributed interests an	Like Onthreace Values	_mat-w		Cor when Date
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penalty of lines it have answered each of the above questions completely and fruithing to entire that I am multiprohibited from particularity in this business due to any involvment in another tier of the alcohol proventions of a restricted from particularity of order penalty in this business due to any involvment in another tier of the alcohol provention and status of the alcohol proventions are the alcohol proventions and the alcohol provention and all provention and all proventions are all proventions.	Patrany Indicate		Was sentence completed?	Yes No
Part E: Attestation READ CAREFULLY BEFORE SIGNING Under (anal.), it less a have answered each of the above questions completely and fruithfully certify (that it am out prohibited from participating in southern) that it am not prohibited from participating in the space below. Attracts additional intents as needed. Part E: Attestation READ CAREFULLY BEFORE SIGNING Under (anal.), it less a have answered each of the above questions completely and fruithfully coeffily (that it am not prohibited from participating in tois distances due to any involvement in another tier of the alcohol proverage mustry as a restricted investor it funderature that any license issued contrary to Wis. Stat. Chapter 125 shall be avoid under penalty of state law it buster understand that that any become issued contrary to Wis. Stat. Chapter 125 shall be avoid under penalty of state law it buster understand that that are provided for submitting talse statements and afficiation may be required to force than \$1,000 if convicted.	Shw sudminore viplated	Urcale-		Conviction Date
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under persuit, while a have answered each of the above questions completely and truthing it certify that it am not producted investor it understand that that persuate outside on severage industrials and affidavits in connection with this application and that may person who knowing provides materially larse information on this application may be required to forther than \$1.00 this production with this application and that any person who knowing provides materially larse information on this application may be required to forther than \$1.00 this production.	Stemally imposed		Was sentence completed?	Yes to
READ CAREFULLY BEFORE SIGNING: Under (which is have answered each of the above questions completely and fruthfully 1 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. Lundersland that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. Turther understand that they be prosecuted for submitting talse statements and affidavits in connection with this application, and that any person who knowingly provides materially laise information on this application may be required to forded not more than \$1.000 if connected.	Upperages) for violation of any federal. Wis- ordinances? If yes itd quastion 2: describe nature and si	consin its amother state's la	As or any county or municipal	Yes X No
trustituity if certify that ham not prohibited from participating in this business due to any involvement in another her of the alcohol preverage industry as a restricted investor. Lunderstand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. (Jumer understand that may be obsecuted for submitting talse statements and affidavits in connection with this application, and that any person who knowingly provides materially laise information on this application may be required to forfest not more than \$1.000 if convicted.	Part E: Attestation			
	preverage industry as a restricted investor if under penalty of state law illustriar understar with this application, and that any person with	understand that any licens to that that be provided	ness due to any involvement in anothe issued contrary to Wis. Star. Chap for submitting talse statements and all	ter tier of the alconor- ter 125 shall be vord.
	Espirature 3	6	Cate 1 - 22 -	2025

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
 members and agent of a limited liability company
- · all partners of a partnership

Your alco	hol beverage application	on or renev	wal is not complet	e until	all require	ed Individual Questionr	naires are	submitted.	
Part A:	Business Informat	ion							
1. Legal E	Business Name (individual	i i	e proprietor)						
2. Busine	ss Trade Name or DBA								
	Type (check one)								
	le Proprietor	artnership	Limited	Liabilit	y Compan	y Corporation	X	Nonprofit Or	ganization
Ph (Ph	4 11 4 1 1 1 6								
1. Last Na	Individual Informat	tion		[0 m:	-				0.141
Kumb				De	st Name vin				3. M.I. M
	nship to Business (Title)		5, Email	De	VIII			6. Phone	IVI
Secre			kumbale	ekd@	shorelir	necu.org		920-482-	3732
7 Home									0.02
1923	Lincoln St								=
8. City					9. State	10. Zip Code		11. Date of Bi	th
Two F					WI	54241		05/31/19	98
	s License/State ID Numbe -1739-8691-08	F				13. Drivers License/Sta	ite ID State	e of Issuance	
Part C:	Address History				_				
	ou currently reside in Wi	sconsin?						X	es No
If yes	to 1 above, how long h	ave you co	ontinuously lived in	Wisco	onsin prior	to the date of applicati	on?	Years 24	Months
2. List in	chronological order all	of your ad	dresses within the	last 5	years. Att	ach additional sheets it	necessa		
Previous	Address 1			City State			Zip Code		
2532 3	34th St			Two	Two Rivers WI			54241	
	Address 2			City			State	Zip Code	
	S 9th St			Mai	Manitowoc WI			54220	
Previous	Address 3			City			State	Zip Code	
Danidaya	A dalan and A			0.,			101.	7: 0 1	
Previous	Address 4			City			State	Zip Code	
Previous	Address 5			City			State	Zip Code	
3. List al	Il states and counties yo	ou have liv	ed in as an adult. <i>i</i>	Attach	additional	sheets if necessary.			
State	County	State	County		State	County	State	County	
WI	Manitowoc								
State	County	State	County		State	County	State	County	

 $Continued \rightarrow$

Part D: Criminal History				h		
Have you ever been convicted of any offenses (excludi for violation of any federal, Wisconsin, or another state) If yes to question 1, please list details of each conviction.	's laws or of any count	y or municipal ordinances?	. Yes	X No		
Law/Ordinance Violated	Location	mar eneste de ribadea.	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 all ordinances?	nother state's laws or	any county or municipal	. Yes	⊠ No		
Part E: Attestation						
ratt 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 Kumbalek		Date 01/16/2025				

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

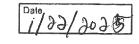
Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

	Business Informat								
	usiness Name (individual	1	2 .						
100		(din	Street						
2. Busines	s Trade Name or DBA								
3. Entity Ty	/pe (check one)								
☐ Sole	e Proprietor 🔲 P	artnership	Limited	Liabilit	y Compan	y Corporation	on 🔀	Nonprofit O	rganization
							·		
Part B:	Individual Informat	ion							~3
1. Last Na	me			2. Fi	st Name				3. M.I.
Pigeo	on			K	ristine				Т
4. Relation	ship to Business (Title)		5. Email				1	6. Phone	
	Vice President		kristine	.pige	on@yal	hoo.com		920-973	-0074
7. Home A	ddress						i		
324	6 S. County Rd.	P							
8. City	•				9. State	10. Zip Code		11. Date of B	rth
Der	nmark				WI	54208		05/25/19	75
12. Drivers	License/State ID Numbe	r				13. Drivers License/S	state ID Stat	e of Issuance	
P25	0-5187-5685-07								
Part C:	Address History								
		naanain?						[7]	<u> </u>
i. Do you	currently reside in Wi	sconsin?		45. 55	. 19.19		69.468	· · · · · · · · · · · · · · · · · · ·	res No
If yes t	o 1 above, how long ha	ave you co	ontinuously lived in	n Wisc	onsin nrior				
			·		5. 1011. p. 101	to the date of applica	ation?	Years	Months
2. List in	chronological order all				3.10111 p.1101	to the date of applica	ation?	Years 49	Months
Previous A		of your ad	Idresses within the	e last 5				49	Months
3246 S. County Rd. P			Idresses within the	e last 5				49	Months
3246			dresses within the	City			if necessa	49 ary.	
3246 Previous A	S. County Rd. P		dresses within the	City	years. Att		if necessa	49 ary.	
	S. County Rd. P		dresses within the	City	years. Att		if necessa State WI	49 ary. Zip Code 5420	
	S. County Rd. P		Idresses within the	City	years. Att		if necessa State WI	49 ary. Zip Code 5420	
Previous A	S. County Rd. P		dresses within the	City De City	years. Att		State WI State	Zip Code 5420 Zip Code	
Previous A	S. County Rd. P		dresses within the	City De City	years. Att		State WI State	Zip Code 5420 Zip Code	8
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Previous A Previous A Previous A	S. County Rd. P ddress 2 ddress 3 ddress 4			City De City City City City	years. Att	ach additional sheets	State WI State State State	Zip Code S420 Zip Code Zip Code Zip Code	8
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Previous A Previous A Previous A Previous A 3. List all	S. County Rd. P ddress 2 ddress 3 ddress 4 ddress 5 states and counties yo	ou have liv	ed in as an adult.	City De City City City City	years. Att	sheets if necessary.	State WI State State State State State	Zip Code Zip Code Zip Code Zip Code Zip Code	8
Previous A Previous A Previous A 3. List all State WI	S. County Rd. P ddress 2 ddress 3 ddress 4 ddress 5 states and counties yo	ou have liv	ed in as an adult.	City De City City City City	years. Att	sheets if necessary.	State WI State State State State State	Zip Code Zip Code Zip Code Zip Code Zip Code	8

Part D: Criminal History						
 Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state 			s) Yes 🛛 No			
If yes to question 1, please list details of each conviction	on 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	120	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 🛛 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 Air	iseon	Date 01/16/202	5			

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
- · 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										
1	Type (check one)									
□ S	☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization									
Part B	: Individual Informat	tion								
1. Last N				2. Fi	rst Name	NU ala ata a			3. M.I.	
	Meissner			Nicholas					Α	
4. Relation	onship to Business (Title)		5. Email			6. Phone				
	Treasurer			nmeissner94@gmail.com				(920)973-6316		
7. Home		01	-							
719 Lowell St										
8. City	Two Rivers				9. State	10. Zip Code		11. Date of Bi		
					WI				06/21/1994	
12. Drive	rs License/State ID Numbe	•			13. Drivers License/State ID State of I			e of Issuance		
	M256-6219-42	21-02			Wisconsin					
Part C: Address History										
1. Do yo	ou currently reside in Wis	sconsin?	a energanera energanera anti-		. Patra . In		ar, aran, gru	🔽'\	∕es ∏ No	
If yes	to 1 above, how long ha	ave you co	ontinuously lived in	Wisc	onsin prio	to the date of applicati	on?	Years	Months	
0 1 1-4 1-	11111		1.4		4.4	1 1 1111	-	30	6	
	chronological order all Address 1	or your ac	idresses within the		years. Att	ach additional sheets if				
	19 Lowell St			Two Rivers			State	Zip Code 54241		
							VVI State		<i>}</i> [
Previous Address 2				City	City			Zip Code		
Drovious	Address 3			Oit.			01-1-	17: 0 1		
rievious	Address 3			City			State	Zip Code		
Drovious	Address 4			Cir.			10			
Previous	Address 4			City			State	Zip Code		
Previous Address 5				City			State	Zin Codo		
Lieniona Vadiesa a				City			State	Zip Code		
3. List a	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	Manitowoc									
State County State County				State	County	State	County			
	Ú.									

-1-

Part D: Criminal History			i i						
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)	ing traffic offenses unl	ess related to alcohol be ty or municipal ordinance	verages) es? Yes 📈 No						
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.							
Law/Ordinance Violated	Location		Conviction Date						
Penalty Imposed	•	Was sentence complete	ed? Yes No						
Law/Ordinance Violated	Location		Conviction Date						
Penalty Imposed		Was sentence complete	ed? Yes No						
Law/Ordinance Violated	Location		Conviction Date						
Penalty Imposed		Was sentence complete	ed? Yes No						
beverages) for violation of any federal, Wisconsin, or a ordinances?			☐ Yes ☑ 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 Multolu mussu	u	Date 1. 7	22.25						