

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	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@tworiversmainstreet.com

12. Organization type (check one)

Bona Fide Club Church Fair Association/Agricultural Society Veteran's Organization
 Lodge/Society Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

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

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

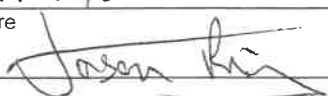
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

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

Last Name	First Name	Title	Phone
Baeten	Joseph	President	920-621-1437
Pigton	Kristine	Vice President	920-553-2030
Kumbalek	Devin	Secretary	920-482-3732
Meissner	Nicholas	Treasurer	920-482-3712

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Ethnic Fest			
2. Dates of Operation 9/30/2025		3. Hours of Operation 10am - 6pm	
4. Premises Address 1700 Washington Street			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County Manitowoc	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Two Rivers		10. Aldermanic District
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 & 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	
Title Director		M.I. P	
Email director@tworiversmainstreet.com		Phone 920-794-1482	
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) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Ring Jason P

4. Email 5. Phone
director@two rivers main street.com 920-794-1482

6. Home Address
615 Buchholz Street

7. City 8. State 9. Zip Code 10. Age
Two Rivers WI 54241 47

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance
R520-4357-7296-01 WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

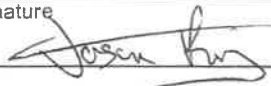
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

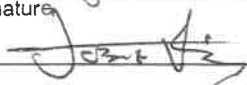
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name 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

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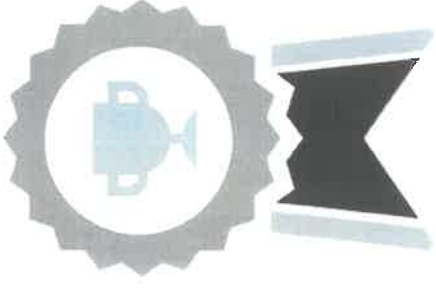
The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury 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



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Jason Ring

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



Shanda Berglund
City Clerk

Alcohol Beverage Individual Questionnaire

1/22/2025

1. Individuals Described in this form beverage licensee must complete this form including:

- all officers, directors, or agents of an corporation or unincorporated organization
- members or agents of a limited liability company

2. This form shall not be subject to trademark or copyright protection. All other Individual Questionnaires are submitted.

Part A: Business Information

2(a) Business Name (Include a name if you are a sole proprietor)
Two Rivers Main Street

2(b) Business Name (Last Name)

2(c) Business Type (Select one)

- Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

3(a) First Name
Baeten

3(b) Last Name
Joseph

3(c) Title
B

4(a) How do you describe your position?

Board of Directors

4(b) E-mail address
Joseph.Baeten@gmail.com

4(c) Phone
920-621-1437

5(a) Address
10200 Francis Creek Road

5(b) City
Two Rivers

5(c) State
WI

5(d) Zip Code
54241

5(e) Date of Birth
4/1/89

6(a) Driver's License or State ID Number
B350-4828-9121-09

6(b) Drivers License State (If State of Issuance)
WI

Part C: Address History

7(a) Do you currently reside in Wisconsin?

Yes No

7(b) If "Yes", how long have you continuously resided in Wisconsin prior to the date of application?

Years: 35 Months:

8. List all your biological (and all of your addresses within the last 5 years). Attach additional sheets if necessary.

Address	City	State	Zip Code
10200 Francis Creek Road	Two Rivers	WI	54241

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

State	County	State	County	State	County
WI	Manitowoc	WI	Brown		

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: 1-22-2025

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 Kumbalek	2. First Name Devin	3. M.I. M
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4. Relationship to Business (Title) Secretary	5. Email kumbalekd@shorelinecu.org	6. Phone 920-482-3732
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7. Home Address
1923 Lincoln St

8. City Two Rivers	9. State WI	10. Zip Code 54241	11. Date of Birth 05/31/1998
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12. Drivers License/State ID Number K514-1739-8691-08	13. Drivers License/State ID State of Issuance WI
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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
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2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
2532 34th St	Two Rivers	WI	54241
Previous Address 2 1325 S 9th St	Manitowoc	WI	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
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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)	
<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 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 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?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td align="center">Years 49</td> <td align="center">Months</td> </tr> </table>	Years 49	Months
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 WI	County Brown	State	County		
State WI	County Manitowoc	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>Kris Aino Pigeon</i>	Date 01/16/2025
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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) <u>Two Rivers Main Street</u>	
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 <u>Meissner</u>		2. First Name <u>Nicholas</u>		3. M.I. <u>A</u>
4. Relationship to Business (Title) <u>Treasurer</u>		5. Email <u>nmeissner94@gmail.com</u>		6. Phone <u>(920)973-6316</u>
7. Home Address <u>719 Lowell St</u>				
8. City <u>Two Rivers</u>		9. State <u>WI</u>	10. Zip Code <u>54241</u>	11. Date of Birth <u>06/21/1994</u>
12. Drivers License/State ID Number <u>M256-6219-4221-02</u>			13. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

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?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Years</td> <td>Months</td> </tr> <tr> <td align="center"><u>30</u></td> <td align="center"><u>6</u></td> </tr> </table>	Years	Months	<u>30</u>	<u>6</u>
Years	Months						
<u>30</u>	<u>6</u>						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <u>719 Lowell St</u>		City <u>Two Rivers</u>	State <u>WI</u>	Zip Code <u>54241</u>			
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 <u>WI</u>	County <u>Manitowoc</u>	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.

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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 *Nicholas M. Muzzum* Date 1.22.25