

## 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	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

Part A: Organization Information				
1. Organization Name Woodland Dunes Nature Center + Preserve, Inc				
2. Organization Permanent Address 3000 Hawthorne Ave.				
3. City Two Rivers, WI	4. State WI	5. Zip Code 54241		
6. Mailing Address (if different from permanent address) P.O. Box 486 Two Rivers, WI 54241				
7. FEIN 39-6584264	8. Date of Organization/Incorporation Nov. 8, 1974	9. State of Organization/Incorporation WI		
10. Phone (920) 793-4007	11. Email nancyn@woodlanddunes.org			
12. Organization type (check one) <input checked="" 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 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
Kocourek	Tom	President	(920) 323-5215
Robinson	Bruce	Vice President	(920) 973-5669
McLaughlin	Mark	Secretary	920-860-7170
Christiansen	Troy	Treasurer	920-793-4503

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) <i>Chamber After Hours</i>			
2. Dates of Operation <i>Aug. 21, 2025</i>		3. Hours of Operation <i>4:30-6:36pm</i>	
4. Premises Address <i>3000 Hawthorne Ave.</i>			
5. City <i>TWO Rivers, WI</i>		6. State <i>WI</i>	7. Zip Code <i>54241</i>
8. County <i>Manitowish</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>TWO Rivers</i>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <i>Chamber + Woodland Dunes</i>		12. Email and/or Phone Number for Organizer of Event <i>naryne@woodlanddunes.org (920) 793-4007</i>	
13. Organizer Website <i>woodlanddunes.org</i>		14. Event Website <i>chambermanitowishcounty.org</i>	
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.  <i>Event will be on the grounds near the pavilion and butterfly garden.</i>			

**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 <i>Kocourek</i>		First Name <i>Tom</i>		M.I. <i>H</i>
Title <i>Board President</i>		Email <i>nauglsf@charter.net</i>	Phone <i>(920) 323-5215</i>	
Signature <i>Tom Kocourek</i>			Date <i>5/28/25</i>	

**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	



**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

Woodland Dunes Nature Center  
Organization

Nancy J. Babak  
Signature

Nancy J. Babak  
Printed Name

5/29/25  
Date