

## Temporary Alcohol Beverage License

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

**Part A: Organization Information**

1. Organization Name  
*Woodland Dunes Nature Center*

2. Organization Permanent Address  
*3000 Hawthorne Ave.*

3. City  
*Two Rivers*

4. State  
*WI*

5. Zip Code  
*54241*

6. Mailing Address (if different from permanent address)  
*P.O. Box 486*

7. FEIN  
*39-6084264*

8. Date of Organization/Incorporation  
*Nov. 18, 1974*

9. State of Organization/Incorporation  
*WI*

10. Phone  
*(920) 793-4007*

11. Email

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
<i>Nabek</i>	<i>Lancy</i>	<i>Agent</i>	<i>(920) 793-4007</i>
<i>Kocourek</i>	<i>Tom</i>	<i>President</i>	<i>(920) 323-5215</i>
<i>Green</i>	<i>Bruce</i>	<i>Vice-President</i>	<i>(920)</i>
<i>Christensen</i>	<i>Troy</i>	<i>Treasurer</i>	<i>(920) 793-4503</i>
<i>McLaughlin</i>	<i>Mark</i>	<i>Secretary</i>	<i>(920) 860-7170</i>

Continued →

Part C: Event Information			
1. Name of Event (if applicable) heiknbrew			
2. Dates of Operation Sept. 6, 2024		3. Hours of Operation 4:30-8:00	
4. Premises Address 3005 Hawthorne Ave.			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County Manitowish	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) Woodland Dunes		12. Email and/or Phone Number for Organizer of Event <del>920</del> 793-4007	
13. Organizer Website www.woodlanddunes.org		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. We will be having tastings on our trails that are near the Nature Center: Butterfly Garden, Willow Trail and Cattail Trail.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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.</p>			
Last Name Kocourek		First Name Tom	M.I.
Title President	Email newglsf@charter.net		Phone (920) 323-5215
Signature 		Date 7/17/24	

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	