Part A: Organization Information

Temporary Alcohol Beverage License

Munici	pality	
	Two	Rivers

License(s) Requested	edit diji	F	898	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	✓ Temporary Class *B" Beer	Background Check	\$	
		Total Fees	\$	10.00

1. Organization Name					
Rotary Club of Two F	livers				
2. Organization Permanent Address					
PO Box 272					
3. City				4. State	5. Zip Code
Two Rivers				WI	54241
6. Mailing Address (if different from per	manent a	ddress)			
7. FEIN		8. Date of Organization/Incom	poration	9. State of Organi	zation/Incorporation
39-6089129		02/08/23		Wisconsi	1
10. Phone		11. Email			
(612) 840-7507	-7507 michael@stillbend.com				
12. Organization type (check one)					
☑ Bona Fide Club ☐	Church	☐ Fair Association	/Agricultural Soci	ety 🔲 Vete	ran's Organization
☐ Lodge/Society ☐	Chambe	or of Commerce or similar C	Civic or Trade Org	anization under c	h. 181, Wis. Stats.
13. Is this organization required to h	nold a Wi	sconsin Seller's permit?			·····. ☐ Yes ☑ No
14. Wisconsin Seller's Permit Number (if applicab	ole)			
			W. 10-10-10-10-10-10-10-10-10-10-10-10-10-1		
Part B: Individual Information				2019/11/11/11	
List the name, title, and phone nut (Form AB-100) for each person list	mber for led belov	all officers, directors, and a v. Attach additional sheets i	igent of the organif necessary.	ization. Include a	n Individual Questionnaire
Corporations must also include Alc	ohol Ber	verage Appointment of Age	nt (Form AB-101)		
Last Name	First Na	ıme	Title		Phone
Swetlik	Denni	S	Club Presi	dent	(920) 905-3115
Zimmerlee.	Jeff		Club Treas	urer	(920) 901-7930
Brotcke	Debor	ah	Club Secre	tary	(815) 762-5173
Ditmer	Micha	el	Club Agent		(612) 840-7507

Continued \rightarrow

Part C: Event Information					
1. Name of Event (if applicable)					
BANDS ON THE BEACH					
2. Dates of Operation			3. Hours of O		
July 7			2:00 -	6:00 PM	
4. Premises Address	0.	C			
	2111 Pierce	<u> </u>			***************************************
5. City			6. State	7. Zip Code	
Two Rivers	0.00	tour. Ell and Ell and	WI	54241	
8. County Manitowoc		ipality City Town	☐ Village	10. Aldermanic Di	strict
11. Organizer of Event (if not the named applicar	of: Two RIV	12. Email and/or Phone Num	harfa Ossasla	NA	
	•		ider for Organiz	er or Eyent	
Two Rivers Parks and Rec 1 13. Organizer Website	Department	(920): 323-8622 14. Event Website			
	- /il				
https://www.two-rivers.or		https://www.tw			
15. Premises Description - Describe the buil stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece	is are kept. Descr of records may or	ribe all rooms within the bui	ilding, includir	ng living quarters	s. Authorized
We will be selling from a te	ent adjacent	to the Neshotah Be	each Rotar	y Pavilion.	Records
will be kept with the Presi	ident of of	the Club, Dennis Sv	vetlik. Al	cohol will	be
stored in the club's locked	storage uni	t.			
	_				
Part D: Attestation					
Who must sign this application?					
one officer or director of the nonprofit of	organization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that It to another individual or entity. I agree to c from Wisconsin-permitted wholesalers. I up	n behalf of the ap ne rights and resp operate according	plicant organization and no onsibilities conferred by the to the law, including but no	t on behalf of license(s), if at limited to, p	any other individual granted, will not urchasing alcoholic	dual or entity be assigned of beverages
be deemed a refusal to allow inspection.					
that any license issued contrary to Wis. St					
be prosecuted for submitting false stateme provides materially false information on the	ints and ambavits is application may	in connection with this appli be required to forfeit not n	nore than \$1.	iai any person wi 100 if convicted	10 Knowingly
Last Name	1.	First Name			M.I.
Ditmer		Michael			J
Title Agent and Board Member	Email micha	el@stillbend.com		Phone (612) 8	40-7507
Signature 111	A	_	Date	06/24/24	
· · · · · · · · · · · · · · · · · · ·	1				
	1.1 11			m	wite way
Part E: For Clerk Use Only					
Date Application Was Filed With Clerk (0 124 24		License Number	20		
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk	*******				
=					

Temporary Alcohol Beverage License

Municipality	
Two	Rivers

License(s) Requested		y 17,000 WITHER THATA				Fees	maran.
				L	cense Fees	\$	10.00
☐ Temporary "Class B" \	Wine	☑ Temporary Class	'B" Beer	В	ackground Chec	k \$	
				T	otal Fees	\$	10.00
Part A: Organization Informa	ition	on on o			parameter and an an	1900 190	
1. Organization Name					aut		
Rotary Club of Two F	Rivers						
2. Organization Permanent Address							-
PO Box 272							
3. City					4. State	5. Zip Cod	de
Two Rivers					WI	5424	.1
6. Mailing Address (if different from per	rmanent add	iress)			-3		
7. FEIN	8	. Date of Organization/Incor	poration	9.	State of Organiza	tion/incor	noration
39-6089129		02/08/23 Wi					poration
10. Phone	1	1. Email					
(612) 840-7507		michael@stillb	end.c	om			
12. Organization type (check one)							
	Church	☐ Fair Association	/Anricult	ural Society	□ Vetera	n's Orga	nization
☐ Lodge/Society ☐		of Commerce or similar (_	•			
	Chamber	or Commerce or Similar C	PIAIC OL I	rade Organi	zation under ch.	. 101, VVI	s. Stats.
13. Is this organization required to I	hold a Wisc	onsin Seller's permit?				[Yes ☑ No
14. Wisconsin Seller's Permit Number ((if applicable)						
Part B: Individual Information	n				mu.		uminister pr
A CAN TO THE CONTROL OF THE CONTROL	R. 1890, 12 1/12	tin distribut the William to the State of th			82 2nts	Giran Sain	Allen is
List the name, title, and phone nut	moer for all	i officers, directors, and a Attach additional sheets	igent of if necess	the organiza sarv	tion. Include an	Individua	al Questionnaire
Corporations must also include Ale							
-	·			MD-101).			
Last Name	First Nam	e	Title			Phone	
Swetlik	Dennis		Club	Preside	nt	402AV	905-3115
D#0 02212	Denners		Crub	FIESIGE	116	(320)	303-3113
Zimmerlee	Jeff		Club	Treasur	er	(920)	901-7930
Brotcke	Debora	h	Club	Secreta	ry	(815)	762-5173
		_					
Ditmer	Michae	<u> I</u>	Club	Agent		(612)	840-7507

Part C: Event Information						
Name of Event (if applicable)						
BANDS ON THE BEACH						
2. Dates of Operation			3. Hours of Ope			
July 14			2:00 -	6:00 PM		
4. Premises Address	7111 D.	. 51				
	2111 Pierc	<u>e</u> x.				
5. City			6. State	7. Zip Code		
Two Rivers	A Commente e Monto	In alter 1 Mars 1 Mars	WI	54241		
8. County Manitowoc	9. Governing Munic of: Two RIV	The same of the sa	☐ Village	10. Aldermanic Di NA	strict	
11. Organizer of Event (if not the named applicar		12. Email and/or Phone Num	her for Organize			
Two Rivers Parks and Rec	•	(920) 323-8622	our ion organize	i or Lyone		
13. Organizer Website	Depar chene	14. Event Website				
https://www.two-rivers.or	g/parksrec		o-rivers.	org/narks	rec	
https://www.two-rivers.org/parksrec https://www.two-rivers.org/parksrec 15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold.						
stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece	is are kept. Descr of records may observe.	ribe all rooms within the bui	ilding, including described in th	g living quarters is application. A	s. Authorized Attach a map	
We will be selling from a te	-			•		
will be kept with the Presi			vetlik. Al	cohol will	be:	
stored in the club's locked	storage uni	t.				

Part D: Attestation						
Who must sign this application?						
one officer or director of the nonprofit of	rnanization					
	-	* * * * * * * * * * * * * * * * * * *				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that It to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I us be deemed a refusal to allow inspection. So that any license issued contrary to Wis. St be prosecuted for submitting false statement provides materially false information on the	n behalf of the ap ne rights and resp operate according nderstand that lac Such refusal is a reat. Chapter 125 s onts and affidavits is application may	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty on connection with this appliance of the required to forfeit not no onsibilities.	t on behalf of a elicense(s), if go of limited to, put f a licensed pro- for revocation of state law. I fi ication, and tha	any other indivices anted, will not a continuous alcohole and a continuous and a continuous attanta and person when any person and any person when any person and any person when any person and any person any person and any person and any person any person and any person any person and any person any person and any person any person and any person	dual or entity be assigned of beverages aspection will I understand and that I may	
Last Name		First Name			M.I.	
Ditmer		Michael			J	
Title	Email			Phone		
Agent and Board Member	micha	el@stillbend.com		(612) 8	10-7507	
Signature Millials	Lit	ne	Date	06/24/24		
Part E: For Clerk Use Only	- H			, 		
Date Application Was Filed With Clerk		License Number				
6124/24		TMP-24	121			
Date License Granted		Date License Issued				
Signature of Clerk/Deputy Clerk						

Temporary Alcohol Beverage License

Municipality	
Two	Rivers

License(s) Requested		20.11				Fees	****	
					icense Fees	\$	1	0.00
☐ Temporary "Class B" \	Wine	✓ Temporary Class	'B" Beer	. [Background Check \$			
				·	Total Fees	s	1	0.00
Part A: Organization Informa	tion			Super		x 100 1 40	840 41	76 As 2000 1981
1. Organization Name	UOII	an contra						
Rotary Club of Two F	Rivers							
2. Organization Permanent Address								
PO Box 272								
3. City		HI			4. State	5. Zip Coo	je	
Two Rivers					WI	5424		
6. Mailing Address (if different from per	rmanent a	ddress)						
7. FEIN		9 Date of Occanization/Irans	naration	17	Cinto of Cincolin	-41		
39-6089129					9. State of Organization Wisconsin		poration	
10. Phone		11. Email			WISCONSIN			
(612) 840-7507	1	michael@stillb	endco	om				
12. Organization type (check one)								***
	Church	☐ Fair Association	/Andoul	heral Canich	. Unton	an's Orga	nination	
				•		-		
☐ Lodge/Society ☐	Chambe	r of Commerce or similar (HVIC OF I	race Orgai	nization under ch	i. 181, Wii	s. Stats.	
13. Is this organization required to h	hold a Wis	sconsin Seller's permit?				[☐ Yes [☑ No
14. Wisconsin Seller's Permit Number ((if applicabl	le)						
Part B: Individual Information	Ď.	care to began it is	Hi-M	erry contribution	in which we			#4
List the name, title, and phone nut	mber for a	all officers, directors, and a	gent of	the organiz	ation. Include an	Individua	I Question	nnaire
(Form AB-100) for each person list	ted below	. Attach additional sheets	fneces	sary.				
Corporations must also include Ald	cohol Bev	erage Appointment of Age	nt (Form	AB-101).	and Manual			
Last Name	First Na	me	Title			Phone		
Swetlik		_	a3t		###			
SWECTIK	Denni	<u> </u>	Club	Presid	ent	(920)	905-31	.1.5
Zimmerlee	Jeff		Club	Treasu	rer	(920)	901-79	30
Brotcke	Debor	ah	Club	Secret	ary	(815)	762-51	173
Ditmer	Micha	e l	Club	Agent			840-75	
				-190110		(012)	U-2U/3	ru /

Part C: Event Information			-		
1. Name of Event (if applicable)					
DOWNTOWN FRIDAY NIGHT LIVE	E Concert S	eries			
2. Dates of Operation			3. Hours of O	peration	
July 19				LO:00 PM	
4. Premises Address			0.00 -1	LUIUU EFE	
1700 Washington Street					
5. City			E Cinta	7 7 0 4	
Two Rivers			6. State	7. Zip Code	
8. County	O Comming Mining	Land Care II and I	WI	54241	
Manitowoc	9. Governing Munic		Village	10. Aldermanic Di	strict
11. Organizer of Event (if not the named applicar	Al year years.				
	•		per for Organiz	er of Event	
Two Rivers Parks and Rec 1	Department	(920) 323-8622			
13. Organizer Website	1	14. Event Website			
https://www.two-rivers.org		https://www.two			
15. Premises Description - Describe the buil stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece we will be selling out of the	is are kept. Descr of records may or ssary.	ribe all rooms within the buil cour only on the premises d	ding, includir escribed in t	ng living quarter his application. A	s. Authorized Attach a map
will be kept with the Presi					
stored in the club's locked			Their Ten Alle Alle A The Re At Alle A	LOCKOL WILL.	NE
acoted in the cim a located	acorage unit	. .			
Legendre de la contraction de	H	10 10 10			
Part D: Attestation		21.00		207 15 West 1944	
Who must sign this application?					
one officer or director of the nonprofit of	organization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to or from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. Such a that any license issued contrary to Wis. State that any license issued contrary to Wis. State prosecuted for submitting false statement provides materially false information on this	n behalf of the ap ne rights and resp operate according nderstand that lac Such refusal is a r at. Chapter 125 si nts and affidavits	plicant organization and not onsibilities conferred by the to the law, including but no k of access to any portion of misdemeanor and grounds thall be void under penalty of in connection with this applies.	on behalf of license(s), if t limited to, p a licensed propertion or revocation f state law. In cation, and the	any other indivi- granted, will not urchasing alcoh- remises during in of this license. further understan- tet any person wi	dual or entity be assigned of beverages aspection will funderstand and that I may
Last Name		First Name			M.I.
Ditmer		Michael			J
Title	Email			Phone	
Agent and Board Member	micha	el@stillbend.com		(612) 8	40-7507
Signature Minhaul	Ditm		Date	06/24/24	William I
Part E: For Clerk Use Only				***	MAKET THE RESIDENCE
Date Application Was Filed With Clerk		License Number		***	
(0124/24		TMP-242			
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

Temporary Alcohol Beverage License

Municipality	
Two	Rivers

License(s) Requested					Fees	
				License Fees	\$	10.00
☐ Temporary "Class B" \	Mine	✓ Temporary Class *I	3" Beer	Background Ched	ck \$	
				Total Fees	\$	10.00
Part A: Organization Informa	tion	** ···		in con my ,s 3-7		
1. Organization Name						
Rotary Club of Two F	Rivers					
2. Organization Permanent Address						
PO Box 272						
3. City				4. State	5. Zip Co	de
Two Rivers				WI	5424	1
6. Mailing Address (if different from pe	rmanent a	ddress)				
7, FEIN		8. Date of Organization/Incorp	oration	9. State of Organiz	ation/Incor	poration
39-6089129		02/08/23		Wisconsin		
10. Phone	***	11. Email				
(612) 840-7507		michael@stillbe	nd.com			
12. Organization type (check one)						
☑ Bona Fide Club □	Church	☐ Fair Association/	Agricultural So	ciety 🗆 Veter	an's Orga	nization
☐ Lodge/Society ☐		er of Commerce or similar C	-	•	_	
	Citatibe	a or commerce or similar c	IVIC DI Trade O	iganization under ch	i. IOI, VVI	s. Stats.
13. Is this organization required to I	hold a Wi	sconsin Seller's permit?		17	[Yes ☑ No
14. Wisconsin Seller's Permit Number ((if applicab	ie)				
	(se arte la comana	, and				
Part B: Individual Information	n	, the	109 +			
List the name, title, and phone nu	mher for	all officers directors and a	ant of the ora	anization Include or	Individue	nt Overation make
(Form AB-100) for each person lis	ted belov	v. Attach additional sheets it	necessary.	anzanon, monuc a	HIGHNIQUE	a daeanonuana
Corporations must also include Ale				1).		
Last Name	First Na		Title	•	Phone	
Swetlik	Denni	.s	Club Pres	ident	(920)	905-3115
					,	
Zimmerlee	Jeff		Club Trea	surer	(920)	901-7930
Brotcke	Debor	ah	Club Secr	etarv	(815)	762-5173
				4	(/	
Ditmer	Micha	el	Club Agen	t	(612)	840-7507

Part C: Event Information					
1. Name of Event (if applicable)					
BANDS ON THE BEACH					
2. Dates of Operation			3. Hours of O	eration	
August 4			2:00 -	6:00 PM	
4. Premises Address			the second		
1700 Washington Street 2	11 Pierce	St			
5. City			6. State	7. Zip Code	
Two Rivers			WI	54241	
8. County	9. Governing Munic	ipality 🗹 City 🗌 Town	☐ Village	10. Aldermanic D	istrict
Manitowoc	of: Two RIV	ers		NA.	
11. Organizer of Event (if not the named applican	nt)	12. Email and/or Phone Nurr	ber for Organiz	er of Event	
Two Rivers Parks and Rec 1	Department	(920) 323-8622			
13. Organizer Website		14. Event Website			· · · · · · · · · · · · · · · · · · ·
https://www.two-rivers.org	g/parksrec	https://www.tw	o-rivers	org/parks	rec.
15. Premises Description - Describe the built stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece we will be selling from a te will be kept with the Presistored in the club's locked	is are kept. Description of records may o ssary. Int adjacent of of	ribe all rooms within the buccur only on the premises of the Neshotah Bethe Club, Dennis St	ilding, includir described in t each Rotar	ng living quarter his application.	s. Authorized Attach a map
Part D: Attestation					
Who must sign this application?		/		· · · · · · · · · · · · · · · · · · ·	
one officer or director of the nonprofit of	unanization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to defrom Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. See that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	n behalf of the ap ne rights and resp operate according nderstand that lac Such refusal is a u at. Chapter 125 s nts and affidavits	plicant organization and no consibilities conferred by the to the law, including but no ek of access to any portion o misdemeanor and grounds hall be void under penalty of in connection with this appl	ot on behalf of e license(s), if ot limited to, p of a licensed pro- for revocation of state law. It ication, and the	any other indiving any other indiving a look or comments of the license. In the license of the l	dual or entity be assigned of beverages aspection will understand and that I may and knowingly
Last Name		First Name			M.I.
Ditmer		Michael			J
Title	Email			Phone	
Agent and Board Member		el@stillbend.com			40-7507
Signature Milder 1	itm		Date	06/24/24	
Part E: For Clerk Use Only		manufacture a dependent on the	on major major		
Date Application Was Filed With Clerk		License Number			
(017A17A		TMP ZA	73		
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

Temporary Alcohol Beverage License

Municipality	
Two	Rivers

License(s) Requested					Fees	
				License Fees	\$	10.00
☐ Temporary "Class B" V	Vine	✓ Temporary Class **	B" Beer	Background Che	ck \$	
				Total Fees	\$	10.00
			•			
Part A: Organization Informa	tion	п				
1. Organization Name			- Sel			
Rotary Club of Two R	livers					
2. Organization Permanent Address						
PO Box. 272						
3. City				4. State	5. Zip Coo	
Two Rivers	<i></i>			WI	5424	1
Mailing Address (if different from per	manent a	ddress)				
7. FEIN		8. Date of Organization/Incorp	poration	9. State of Organiz	ation/Incom	poration
39-6089129		02/08/23		Wisconsin		
10. Phone		11. Email				- 100
(612) 840-7507		michael@stillbe	end.com			
12. Organization type (check one)	***************************************					***
☑ Bona Fide Club	Church	☐ Fair Association	/Agricultural Socie	ty 🔲 Veter	an's Orga	nization
Lodge/Society	Chambe	r of Commerce or similar C	ivic or Trade Orga	anization under ch	n. 181, Wi	s. Stats.
13. Is this organization required to I	nold a Wi	sconsin Seller's permit?		····	· · · · · · [☐ Yes ☑ No
14. Wisconsin Seller's Permit Number (if applicab	le)				

Part B: Individual Information	n	**************************************		11.40 111		4 1/
List the name, title, and phone nut (Form AB-100) for each person lis				zation. Include ar	n Individua	al Questionnaire
Corporations must also include Ale	cohol Bev	verage Appointment of Age	nt (Form AB-101).			
Last Name	First Na	me	Title		Phone	
Swetlik	Denni	S	Club Presid	lent	(920)	905-3115
zimmerlee	Jeff		Club Treasu	ırer	(920)	901-7930
Brotcke	Debor	ah	Club Secret	tary	(815)	762-5173
Ditmer	Micha	el	Club Agent	_	(612)	840-7507
	I				1	- 1111111

Continued \rightarrow

Part C: Event Information					
Name of Event (if applicable)					
BANDS ON THE BEACH					
2. Dates of Operation			3. Hours of Op	eration	
August 11				6:00 PM	
4. Premises Address			2.00	0100 2.11.	
	ZIII Pierc	0 51			
5. City	an nac	<u> </u>	6. State	7. Zip Code	
Two Rivers			WI	54241	
8. County	9. Governing Munic	ipality City Town	Village	10. Aldermanic Di	strict
Manitowoc	of Two RIV			NA	
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Num	ber for Organize	er of Event	
Two Rivers Parks and Rec	Department	(920) 323-8622			
13. Organizer Website		14. Event Website			
https://www.two-rivers.or	g/parksrec	https://www.tw	o-rivers.	org/parks:	cec.
15. Premises Description - Describe the bull stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece We will be selling from a te will be kept with the Presistored in the club's locked	ds are kept. Descr of records may or essary. ent adjacent ident of of	to the Neshotah Bethe Club, Dennis Sv	ilding, including tescribed in the sach Rotar	g living quarters is application. A y Pavilion.	Records
			11017		
Part D: Attestation				100	
Who must sign this application?					
one officer or director of the nonprofit of	organization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that it to another individual or entity. I agree to c from Wisconsin-permitted wholesalers. I us be deemed a refusal to allow inspection. Significantly that any license issued contrary to Wis. Stop be prosecuted for submitting false statement provides materially false information on the	n behalf of the ap he rights and resp operate according nderstand that lac Such refusal is a r lat. Chapter 125 s ents and affidavits	plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion o misdemeanor and grounds hall be void under penalty of in connection with this appl	t on behalf of a license(s), if you limited to, put fallicensed profer revocation of state law. I fication, and the	any other individually of the control of the control of the control of this license. The control of this license of this license of the control of the contr	dual or entity be assigned of beverages aspection will I understand and that I may
Last Name		First Name			M.I.
Ditmer		Michael		10	J
Title	Email			Phone	
Agent and Board Member	micha	el@stillbend.com		(612) 8	40-7507
Signature Mulan 1	oth		Date	06/24/24	:
Part E: For Clerk Use Only	п				
Date Application Was Filed With Clerk		License Number	424		
Date License Granted		Date License Issued	129		
Signature of Clerk/Deputy Clerk					

Temporary Alcohol Beverage License

Municipali	y	
	Two	Rivers

License(s) Requested				Fees	
			License Fees	\$	10.00
☐ Temporary "Class B" W	ine 🗹 Tempoi	rary Class "B" Beer	Background Che	ck \$	
			Total Fees	\$	10.00
			1		
Part A: Organization Informati	on		- 1.7	3 19 A	,,,,,
1. Organization Name					
Rotary Club of Two R	ivers				
2. Organization Permanent Address					
PO Box 272			14 794 4	T	
3. City Two Rivers			4. State WI	5. Zip Code	
6. Mailing Address (if different from perm	nanant addreses		MT	54241	
o. maining routess in amotoric from point	ienein audices)				
7. FEIN	8. Date of Organi	zation/Incorporation	9. State of Organia	zation/Incomorat	ioni
39-6089129	02/08/23		Wisconsin	-	1.00.7.4
10. Phone	11. Email			/////////////////////////////////////	
(612) 840-7507	michaele	stillbend.com			
12. Organization type (check one)		·			
☑ Bona Fide Club	Church	Association/Agricultural Se	ciety 🔲 Veter	ran's Organizal	tion
☐ Lodge/Society ☐ (Chamber of Commerce	or similar Civic or Trade (Organization under c	h. 181, Wis, St	ats.
13. Is this organization required to ho	old a Wisconsin Seller's	permit?		🔲 Ye	s 🗹 No
14. Wisconsin Seller's Permit Number (if	applicable)				
(
			C.W.		
Part B: Individual Information					
			Low 5 West Allens		
List the name, title, and phone num (Form AB-100) for each person liste			ganization. Include a	n Individual Qu	estionnaire
Corporations must also include Alco		- ·	343		
 			/1).	T	
Last Name	First Name	Title		Phone	
Swetlik	Dennis	Club Pre	ai domi	10201 00	
OWC CLLIN	SCHIELD.	Club FIG	sident	(920) 90	3-3113
Zimmerlee	Teff	Club Tre	surer	(920) 90	1_7930
				(220) 30	<u> </u>
Brotcke	Deborah	Club Sec	cetary	(815) 76	2-5173
Ditmer	Michael	Club Age	nt	(612) 84	0-7507

Part C: Event Information					
Name of Event (if applicable)					
DOWNTOWN FRIDAY NIGHT LIVE	Concert S	Series			
2. Dates of Operation			3. Hours of O	peration	
August 16			6:00 -	10:00 PM	
4. Premises Address					
1700 Washington Street					
5. City			6. State	7. Zip Code	
Two Rivers			WI	54241	
	9. Governing Munic	cipality City Town	Village	10. Aldermanic Di	strict
Manitowoc	of Two RIV	The second of the second		NA.	,
11. Organizer of Event (if not the named applicant	Ammunubananan	12. Email and/or Phone Num	ber for Organi	zer of Event	
Two Rivers Parks and Rec D	•	(920) 323-8622			
13. Organizer Website	repar ement	14. Event Website		W W W W W W W	
https://www.two-rivers.org	r/narkeros	https://www.tw	o_rivere	ora/namba	
					
15. Premises Description - Describe the build stored, or consumed, and related records alcohol beverage activities and storage or diagram and additional sheets if necessive will be selling out of the will be kept with the Presi	s are kept. Desc of records may o ssary. e Central P dent of of	ribe all rooms within the bui occur only on the premises of ark Pavillon in the the Club, Dennis Sv	ilding, includi described in	ng living quarters this application. A of the park.	Authorized attach a map
stored in the club's locked	scorage uni				
Part D: Attestation					
Who must sign this application?				, <u>, , , , , , , , , , , , , , , , , , </u>	
one officer or director of the nonprofit of	raanization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely on seeking the license. Further, I agree that the to another individual or entity. I agree to oppose the deemed a refusal to allow inspection. Seeking the license issued contrary to Wis. State that any license issued contrary to Wis. State prosecuted for submitting false statement provides materially false information on this	Under penalty on behalf of the aperights and responderstand that lacush refusal is a set. Chapter 125 sets and affidavits	oplicant organization and no consibilities conferred by the g to the law, including but no ck of access to any portion o misdemeanor and grounds shall be void under penalty of in connection with this apply y be required to forfeit not n	t on behalf of elicense(s), i of limited to, i f a licensed p for revocatio of state law. I ication, and t	f any other individed for an individed for an individual for a local formation of this license. In the formation of this license for the formation of this license for the formation with any person with a formation of the format	dual or entity be assigned bl beverages ispection will understand ind that I may no knowingly
Last Name		First Name			M.I.
Ditmer		Michael			J
Title Agent and Board Member	Email micha	ael@stillbend.com		Phone (612) 8	40-7507
Signature /	1		Date		
Markant	John			06/24/24	
Part E: For Clerk Use Only	p			п	- et
Date Application Was Filed With Clerk		License Number	1 2 8 8		
6/24/24 TMP-2425					
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk		1.		_	mour me

Form

AB-220

Temporary Alcohol Beverage License

Municipality	
Two	Rivers

License(s) Requested		, ,				Fees		
				Licen	se Fees	\$		10.00
☐ Temporary "Class B" \	Vine	✓ Temporary Class "I	3" Beer	Back	ground Checl	\$		
				Total	Fees	\$		10.00
Part A: Organization Informa	tion	11 MO 1	нь	747	п.	24 244	*	outob so,
1. Organization Name		*						
Rotary Club of Two F	≀ivers							
2. Organization Permanent Address								
PO Box. 272								
3. City				4	. State 5	. Zip Cod	e	
Two Rivers					WI	5424	1	
6. Mailing Address (if different from per	rmanent a	ddress)						111
7. FEIN		8. Date of Organization/Incorp	oration	9. Sta	te of Organiza	tion/Incom	poration	
39-6089129		02/08/23		Wi	sconsin			
10. Phone		11. Email					=======================================	
(612) 840-7507		michael@stillbe	nd.com					
12. Organization type (check one)								
☑ Bona Fide Club	Church	☐ Fair Association/	Agricultural	Society	☐ Vetera	n's Orgai	nization	
☐ Lodge/Society ☐	Chambe	er of Commerce or similar C	ivic or Trade	e Organizati	on under ch.	181, Wis	Stats.	
13. Is this organization required to I	nold a Wi	sconsin Seller's permit?	• • • • • • • • • • • • • • • • • • • •			C	☐ Yes	☑ No
14. Wisconsin Seller's Permit Number (if applicab	le)						
Part B: Individual Information	ņ.	E. Marielle Control on Challeton	der Mitter (* 1. de participal) i de participal	200 402 A.A.	No.			**./
List the name, title, and phone nut (Form AB-100) for each person lis	ted belov	v. Attach additional sheets if	necessary.	:	. Include an	Individua	l Questi	onnaire
Corporations must also include Ald	cohol Bev	erage Appointment of Agen	it (Form AB-	-101).				
Last Name	First Na	me	Title			Phone		
Swetlik	Denni	S	Club Pr	esident	illini	(920)	905-3	3115
Zimmerlee	Jeff		Club Tr	easurer		(920)	901-	7930
Brotcke	Debor	ah	Club Se	cretary		(815)	762-	5173
Ditmer	Micha	el	Club Ag	gent		(612)	840-7	7507

-1-

Tana a sana ana a sa					
Part C: Event Information					
1. Name of Event (if applicable)					
BANDS ON THE BEACH					
2. Dates of Operation		111	3. Hours of Op		
August 17			5:00 -	8:30 PM	
4. Premises Address		CI			
	III Pren	e 2.			
5. City			6. State	7. Zip Code	
Two Rivers			WI	54241	
8. County Manitowoc	9. Governing Munic	The second secon	☐ Village	10. Aldermanic Di	strict
11. Organizer of Event (if not the named applicant	of: Two RIV		h (0 i -	NA	
	•	12. Email and/or Phone Num	oer for Organiz	er of Event	
Two Rivers Parks and Rec D 13. Organizer Website	epartment	(920) 323-8622			
	. /	14. Event Website			
https://www.two-rivers.org		https://www.two			
15. Premises Description - Describe the build stored, or consumed, and related records alcohol beverage activities and storage or diagram and additional sheets if neces	are kept. Descript records may o sary.	ribe all rooms within the bui cour only on the premises o	lding, includir lescribed in ti	ng living quarters his application. A	Authorized Attach a map
We will be selling from a ter	nt adjacent	to the Neshotah Be	ach Rotar	y Pavilion.	Records
will be kept with the Presid	dent of of	the Club, Dennis Sw	etlik. Al	cohol will	be
stored in the club's locked :	storage uni	t.			
10.10.10					
Part D: Attestation	iii) iii) 300				
Who must sign this application?					
one officer or director of the nonprofit or	ranization				
	-				
READ CAREFULLY BEFORE SIGNING: I truthfully. I agree that I am acting solely on seeking the license. Further, I agree that the to another individual or entity. I agree to op from Wisconsin-permitted wholesalers. I und be deemed a refusal to allow inspection. So that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	behalf of the aperights and responsate according derstand that lactic refusal is a refusal is an affidavits application may	plicant organization and no consibilities conferred by the to the law, including but no k of access to any portion of misdemeanor and grounds that be void under penalty of in connection with this applies to prequired to forfeit not means to the connection of the connection with the con	t on behalf of license(s), if it limited to, p f a licensed pr for revocation if state law. I it cation, and th	any other indivice granted, will not urchasing alcohoremises during in of this license, further understant at any person when the state of the state	dual or entity be assigned of beverages aspection will I understand and that I may no knowingly
Last Name	I	First Name			M.I.
Ditmer		Michael			J
Title Agent and Board Member	Emaii micha	el@stillbend.com		(612) 84	40-7507
Signature Muhal D	itm		Date	06/24/24	
Part E: For Clerk Use Only					- marin 10
Date Application Was Filed With Clerk		License Number			
012424			4210		
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

Temporary Alcohol Beverage License

Municipality
Two Rivers

License(s) Requested				Fees
		Li	cense Fees	\$ 10.0
Temporary "Class B" V	Vine ☑ Temporary Class	*B" Beer Ba	ckground Check	
	•	<u> </u>	tal Fees	\$ 10.0
			rai Fusa	\$ 10.0
Part A: Organization Informa	tion			
1. Organization Name				
Rotary Club of Two F	tivers			
2. Organization Permanent Address				
PO Box 272				
3. City Two Rivers				. Zip Code
6. Mailing Address (if different from per	rmanant addraga)		WI	54241
o. Mainig Address (ii dileterit itorit per	matent address)			
7. FEIN	8. Date of Organization/Inco	rporation 9.	State of Organizat	ion/incorporation
39-6089129	02/08/23		Wisconsin	
10. Phone	11. Email			****
(612) 840-7507	michael@stillb	end.com		
12. Organization type (check one)	*			
☑ Bona Fide Club	Church	n/Agricultural Society	☐ Veterar	's Organization
Lodge/Society	Chamber of Commerce or similar			_
13. Is this organization required to I	nold a Wisconsin Seller's permit?	• 50 • 150 • • • • 150 • • • • 150 • • •		☐ Yes 🗹 N
14. Wisconsin Seller's Permit Number (if applicable)			
Part B: Individual Information		1100		
		agent of the assessmen	the feature as	- Maria - 1 - Mari
	mber for all officers, directors, and ted below. Attach additional sheets		lion. Include an I	ndividual Questionnai
· ·	cohol Beverage Appointment of Age	•		
Last Name	First Name	Title		hone
Swetlik	Dennis	Club Preside		000 BAE 211E
MIT COLLINS	Demila	CIUD PIESIGE	116	920) 905-3115
Zimmerlee	Jeff	Club Treasur	er	920) 901-7930
	-	- man and to the talk the	-	
Brotcke	Deborah	Club Secreta	ry	815) 762-5173
Ditmer	Michael	Club Agent		(612) 840-7507

<u></u>						
Part C: Event Information						
Name of Event (if applicable)						
DOWNTOWN FRIDAY NIGHT LIVE (Concert S	eries				
2. Dates of Operation			3	. Hours of Op	eration	
August 23				6:00 -1	0:00 PM	
4. Premises Address						
1700 Washington Street						
5. City				6. State	7. Zip Code	
Two Rivers				WI	54241	•
·	Governing Munic	ipality P City	/ Town	Village	10. Aldermanic D	istrict
Manitowoc	of Two RIV				NA	
11. Organizer of Event (if not the named applicant)		12. Email and	or Phone Numbe	r for Organiz	er of Event	
Two Rivers Parks and Rec Dep	partment	(920)	323-8622			
13. Organizer Website		14. Event Wel	bsite			
https://www.two-rivers.org/p	parksrec	https:	//www.two-	rivers.	org/parks	rec
15. Premises Description - Describe the building stored, or consumed, and related records a alcohol beverage activities and storage of ror diagram and additional sheets if necessa. We will be selling out of the will be kept with the Preside stored in the club's locked st	re kept. Descreecords may or	ribe all rooms ccur only on t ark Pavill the Club,	within the build he premises de Lon in the	ing, includir scribed in ti center c	g living quarter nis application. If the park	s. Authorized Attach a map

Part D: Attestation					***	
Who must sign this application?						
one officer or director of the nonprofit orga	miratian					
READ CAREFULLY BEFORE SIGNING: Un truthfully. I agree that I am acting solely on be seeking the license. Further, I agree that the rito another individual or entity. I agree to oper from Wisconsin-permitted wholesalers. I under be deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stat. I be prosecuted for submitting false statements provides materially false information on this a	der penalty of the apights and resprate according retained that lach refusal is a rechapter 125 stand affidavits	plicant organi onsibilities co to the law, in- k of access to misdemeanor hall be void u- in connection	zation and not on inferred by the li- cluding but not li- any portion of a and grounds for inder penalty of with this applica	on behalf of cense(s), if limited to, p licensed pi r revocation state law. I ation, and th	any other indiving any other indiving a look our chasing alcohomises during in of this license, in ther understated at any person we	dual or entity t be assigned iol beverages inspection will I understand ind that I may tho knowingly
Last Name		First Name				M.I.
Ditmer		Michael				J
Title	Email		7 = 10.		Phone	-
Agent and Board Member	micha	el@stillb	end.com		(612) 8	40-7507
Signature Mahala	l	10 m		Date	06/24/24	
	H 201	100			W-2	in .
Part E: For Clerk Use Only		1				
Date Application Was Filed With Clerk		License	10 -1	,		
Data Lianna Control		- L	MP-247	J. T.		
Date License Granted		Date Lic	ense Issued			
Signature of Clerk/Deputy Clerk		1	·····			

Temporary Alcohol Beverage License

Municipality	
Two	Rivers

License(s) Requested						Fees		
				L	icense Fees	\$		10.00
☐ Temporary "Class B" V	Wine	✓ Temporary Class *B" Beer		В	ackground Ched	ck \$		
				Т	otal Fees	\$		10.00
Part A: Organization Informa	tion	30 Mai	···			w8+ ₈		
1. Organization Name	iti Wil							
Rotary Club of Two F	Rivers							
2. Organization Permanent Address								
PO Box 272								
3. City					4. State	5. Zip Coo	de	
Two Rivers					WI	5424		
6. Mailing Address (if different from per	rmanent ad	dress)						
7. FEIN	8	3. Date of Organization/Incorp	poration	9	. State of Organiz	ation/Incor	poration	
39-6089129		02/08/23			Wisconsin			
10. Phone		11. Email				***************************************		
(612) 840-7507		michael@stillbe	end.c	om				
12. Organization type (check one)								
☑ Bona Fide Club	Church	☐ Fair Association	/Agricul	lural Society	☐ Vetera	an's Orga	nization	
☐ Lodge/Society ☐	Chamber	of Commerce or similar C	ivic or 1	rade Organ	ization under ch	. 181, Wi	s. Stats.	
13. Is this organization required to I	hold a Wis	consin Seller's permit?		h + (1) + (1) + (1) + (1)	* *(35)*(5)(5)(* (6) * * (6) *	e · · · · · [Yes	☑ No
14. Wisconsin Seller's Permit Number ((if applicable	9)						
		A9 11						
Part B: Individual Information						i m	entille "!	
List the name, title, and phone nut (Form AB-100) for each person list	mber for a ted below.	Il officers, directors, and a Attach additional sheets i	gent of f neces	the organiza	ition. Include ar	Individua	al Questi	ionnaire
Corporations must also include Ald	cohol Beve	rage Appointment of Age	nt (Form	AB-101).				
Last Name	First Nan	ne	Title			Phone		
Swetlik	Dennis	<u> </u>	Club	Preside	ent	(920)	905-3	3115
Zimmerlee	Jeff		Club	Treasur	er	(920)	901-	7930
Brotcke	Debora	h.	Club	Secreta	Sept.	4015	762	C 1 7 0
	DENULO		CTUD	DECTRES	TF Å	(815)	102-	31/3
Ditmer	Michae	1	Club	Agent		(612)	840-	7507

V - 1/ 8					
Part C: Event Information					
1. Name of Event (if applicable)					
BANDS ON THE BEACH					
2. Dates of Operation			3. Hours of C	peration	****
August 25			2:00 -	6:00 PM	
4. Premises Address			1		
1700 Washington Street	2111 Pierc	e Sta			
5. City			6. State	7. Zip Code	
Two Rivers			WI	54241	
8. County	9. Governing Munic	cipality 🗹 City 🗌 Town	☐ Village	10. Aldermanic D	istrict
Manitowoc	of: Two RIV	/ers		NA.	
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Num	ber for Organi	izer of Event	
Two Rivers Parks and Rec	Department	(920) 323-8622			
13. Organizer Website		14. Event Website			111/11
https://www.two-rivers.or	g/parksrec	https://www.tw	o-rivers	.org/parks	rec
15. Premises Description - Describe the buil stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece We will be selling from a te will be kept with the Presistored in the club's locked	is are kept. Desc of records may o ssary. ≥nt adjacent ident of of	ribe all rooms within the build cour only on the premises of to the Neshotah Bethe Club, Dennis Sy	llding, includ described in each Rota	ing living quarter this application. A xy Pavilion	s. Authorized Attach a map
Part D: Attestation Who must sign this application?			7, 1994 - Ba		
one officer or director of the nonprofit of the nonp					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely of seeking the license. Further, I agree that It to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I ur be deemed a refusal to allow inspection. So that any license issued contrary to Wis. St. be prosecuted for submitting false stateme provides materially false information on this	Under penalty on behalf of the appearance according to the stand that lace according to the stand that lace according to the stand affidavits and affidavits	oplicant organization and no consibilities conferred by the p to the law, including but no ck of access to any portion or misdemeanor and grounds shall be void under penalty or in connection with this appli	t on behalf of license(s), if the limited to, if a licensed procession of state law. If cation, and the	of any other indiving an anted, will not purchasing alcohoremises during in of this license. I further understathat any person w	dual or entity the assigned of beverages aspection will I understand and that I may the knowingly
Last Name		First Name			M.I.
Ditmer		Michael			J
Title	Email	II.		Phone	
Agent and Board Member	micha	sel@stillbend.com		(612) 8	40-7507
Signature Maharl L	John	1 mark m.	Date	06/24/24	!
Part E: For Clerk Use Only		~		-111	
Date Application Was Filed With Clerk		License Number	428	11011	i
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					11.11

Form

AB-220

Temporary Alcohol Beverage License

Municipal	ty		_
	Two	Rivers	

License(s) Requested						Fees		
				Lice	nse Fees	\$		10.00
☐ Temporary "Class B" V	Vine	✓ Temporary Class "B" Beer						10.00
reinpoiding oldes of t	remporary oras	3 D 0661	-	kground Check	_			
Total Fees \$								10.00
Part A: Organization Information	tion	rel-delar trass ss			,		11114	
1. Organization Name								
Rotary Club of Two F	ivers							
2. Organization Permanent Address								
PO Box 272								
3. City					4. State 5	. Zip Co	de	
Two Rivers					WI	5424	1	
6. Mailing Address (if different from per	manent a	ddress)						
7, FEIN		8. Date of Organization/Inc	corporation	9. St	9. State of Organization/Incorporation			
39-6089129		02/08/23		Wisconsin				
10. Phone		11. Email				1117		
(612) 840-7507		michael@still	bend.com					
12. Organization type (check one)						***		
✓ Bona Fide Club	Church	☐ Fair Associat	ion/Agricultural S	Society	☐ Veterar	n's Orga	nization	
☐ Lodge/Society ☐	Chambe	er of Commerce or simila	r Civic or Trade	Organiza	tion under ch.	181, Wi	s. Stats.	
13. Is this organization required to I	old a Wi	sconsin Seller's permit?				[☐ Yes	✓ No
14. Wisconsin Seller's Permit Number (if applicat	de)						
		•						
		10 mm						
Part B: Individual Information	1		"	hre		-		
		all affiners, directors on	d aanné af tha a		m fundada mai	باد کا داخلہ سا		
List the name, title, and phone nut (Form AB-100) for each person list				rganizatio	n. include an	maiviau	ai Questi	onnaire
Corporations must also include Ale			•	101)				
Last Name	First Na		Title	1017.		Phone		
Last Name	THOLING	nne	TIGO			THOME		
Swetlik	Denni	S	Club Pre	esi deni	F .	19201	905-3	1115
						(320)	Ja (4.45 4	Production and
Zimmerlee	Jeff		Club Tre	easure	r I	(920)	901-7	7930
Brotcke	Debor	ah	Club Sec	cretary	y	(815)	762-5	173
Ditmer	Micha	uel .	Club Age	ent		(612)	840-7	1507

Part C: Event Information					
1. Name of Event (if applicable)					
DOWNTOWN FRIDAY NIGHT LIVE	Concert S	eries			
2. Dates of Operation			3. Hours of Ope	eration	
August 30			6:00 -1	0:00 PM	
4. Premises Address					
1700 Washington Street					
5. City		****	6. State	7. Zip Code	
Two Rivers			WI	54241	
8. County	9. Governing Munic	cipality City Town	☐ Village	10. Aldermanic Di	strict
Manitowoc	of: Two RIV	ers		NA.	
11. Organizer of Event (if not the named applican	1)	12. Email and/or Phone Num	ber for Organize	r of Event	
Two Rivers Parks and Rec I	Department	(920) 323-8622			
13. Organizer Website		14. Event Website			
https://www.two-rivers.org	g/parksrec	https://www.twe	o-rivers.	org/parks:	ec.
15. Premises Description - Describe the built stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessity we will be selling out of the	s are kept. Descr of records may o ssary. he Central Pa	ribe all rooms within the bui cour only on the premises of ark Pavillon in the	Iding, including lescribed in the	g living quarters is application. A f the park.	. Authorized attach a map
will be kept with the Presi		_	retlik. Ald	cohol will	be
stored in the club's locked	storage uni	t.			
310-					
Part D: Attestation			1070		
Who must sign this application?					
one officer or director of the nonprofit of	raspization				
·		**			
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or seeking the license. Further, I agree that the to another individual or entity. I agree to o from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. See that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	n behalf of the ap the rights and resp perate according iderstand that lac such refusal is a t at. Chapter 125 s ints and affidavits	plicant organization and no ponsibilities conferred by the to the law, including but no k of access to any portion of misdemeanor and grounds thall be void under penalty of in connection with this appli	t on behalf of a license(s), if g at limited to, pu f a licensed pro for revocation of state law. I fo cation, and tha	any other individually anted, will not archasing alcoholomises during in of this license. If the understart any person when the control of th	dual or entity be assigned bl beverages spection will understand d that I may
Last Name		First Name			M.I.
Ditmer		Michael			J
Title	Email			Phone	
Agent and Board Member	micha	el@stillbend.com		(612) 8	10-7507
Signature Marchall	tu		Date	06/24/24	
Dart E. Eas Clark Has Cale			*****		
Part E: For Clerk Use Only Date Application Was Filed With Clerk		License Number			
6124124		TRUP-247	29		
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk					

Temporary Alcohol Beverage License

Municipal	ty		
	Two	Rivers	

License(s) Requested	10		-	Fees		
			License Fees	\$ 10.00		
☐ Temporary "Class B" W	/ine	✓ Temporary Class "B" Beer		k \$		
			Total Fees	\$ 10.00		
Part A: Organization Informat	lon		J	te to the terms of		
1. Organization Name				,		
Rotary Club of Two R	ivers					
2. Organization Permanent Address						
PO Box 272						
3. City			4. State	5. Zip Code		
Two Rivers			WI	54241		
6. Mailing Address (if different from pen	manent address)					
7. FEIN	8. Date of Organi	zation/Incorporation	9. State of Organiza	dian/incomoration		
39-6089129	02/08/23	•		Wisconsin		
10. Phone	11. Email	***************************************				
(612) 840-7507	michael@	stillbend.com				
12. Organization type (check one)						
☑ Bona Fide Club ☐	Church	Association/Agricultural S	ociety	n's Organization		
	*******	or similar Civic or Trade (•	"		
		or or comment	organization and an	. 101, 1110. 000.		
13. Is this organization required to h	old a Wisconsin Seller's	permit?		☐ Yes 🕝 No		
14. Wisconsin Seller's Permit Number (i	f applicable)					
Part B: Individual Information	· · · · · · · · · · · · · · · · · · ·	905 ALUST	VII 5 juinte ja 2 – Lähte et 21, 1 – julija – skore en	Index. 1		
List the name, title, and phone nun (Form AB-100) for each person list			ganization. Include an	Individual Questionnaire		
Corporations must also include Alc		•	01).			
Last Name	First Name	Title		Phone		
Swetlik	Dennis	Club Pre	sident	(920) 905-3115		
				The second secon		
Zimmerlee	Jeff	Club Tre	asurer	(920) 901-7930		
Brotcke	Deborah	Club Sec	retary	(815) 762-5173		
Ditmer	Michael	Club Age	nt	(612) 840-7507		

Part C: Event Information						
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE	Concert S	eries				
2. Dates of Operation			3	Hours of Or	peration	
September 13			1		0:00 PM	
4. Premises Address						
1700 Washington Street						
5. City				6. State	7. Zip Code	
Two Rivers				WI	54241	
8. County	9. Governing Munic	ipality 🗹 City	☐ Town ☐	Village	10. Aldermanic D	istrict
Manitowoc	of: Two RIV	ers			NA.	
11. Organizer of Event (if not the named applicant	l)	12. Email and/or	Phone Number	for Organiz	er of Event	
Two Rivers Parks and Rec D	Department	(920) 32	23-8622			
13. Organizer Website		14. Event Websi	te			
https://www.two-rivers.org	/parksrec	https://	www.two-	rivers	.org/parks	rec.
15. Premises Description - Describe the build stored, or consumed, and related records alcohol beverage activities and storage or diagram and additional sheets if necessive will be selling out of the will be kept with the Presistored in the club's locked	s are kept. Descript records may of ssary. e Central Padent of of	ribe all rooms wi cour only on the ark Pavillo the Club, D	thin the building premises des	ng, includir cribed in t center c	ng living quarter his application. A of the park	s. Authorized Attach a map
Part D: Attestation						
Who must sign this application?	2227.2					-
one officer or director of the nonprofit of	roanization					
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely on seeking the license. Further, I agree that th to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I un be deemed a refusal to allow inspection. So that any license issued contrary to Wis. State be prosecuted for submitting false statement provides materially false information on this	n behalf of the ap e rights and resp perate according derstand that lac uch refusal is a r at. Chapter 125 s ats and affidavits	plicant organizationsibilities confectoring to the law, included of access to armisdemeanor and all be void under connection wi	tion and not or erred by the lice ding but not ling by portion of a lid grounds for er penalty of s th this applicat	n behalf of ense(s), if mited to, p licensed p revocation tate law. I tion, and th	any other indiving any other indiving a cohurchasing alcohurchises during in of this license. In the runderstant any person were any person we	dual or entity the assigned of beverages aspection will I understand and that I may the knowingly
Last Name		First Name				M.I.
Ditmer		Michael				J
Title	Email				Phone	
Agent and Board Member	micha	el@stillber	id.com		(612) 8	40-7507
Signature Muchal Da	to			Date	06/24/24	L
Part E: For Clerk Use Only		1,, ,,				
Date Application Was Filed With Clerk		License Nu	Der クルフ:			
Date License Granted		1100	トノムナン	J		
Pare riceuse planted		Date Licens	se issued			
Signature of Clerk/Deputy Clerk		.1				ii ii

License(s) Requested

Temporary Alcohol Beverage License

Municipality	
Two	Rivers

Fees

				License Fees	\$	10.00
☐ Temporary "Class B" Wine		☑ Temporary Class *	B" Beer	Background Che	ck \$	
				Total Fees	s	10.00
	3_					
Part A: Organization Informa 1. Organization Name	tion			MV.		
Rotary Club of Two F	Aviore					
2. Organization Permanent Address	CTAGES	· 				
PO Box 272						
3. City				4. State	5. Zip Cod	
Two Rivers				WI	54.24	
6. Mailing Address (if different from per	rmanent a	ddress)		77.2	3424	-
		•				
7. FEIN		8. Date of Organization/Incom	poration	9. State of Organiz	ration/Incor	poration
39-6089129		02/08/23		Wisconsin	L	
10. Phone		11. Email				
(612) 840-7507		michael@stillbe	end.com			
12. Organization type (check one)						
☑ Bona Fide Club	Church	☐ Fair Association	/Agricultural Socie	ty 🔲 Veter	an's Orga	nization
☐ Lodge/Society ☐	Chambe	er of Commerce or similar C	,,,			
				MANAGEMENT OF STREET		J. Otats.
13. Is this organization required to i	nold a Wi	sconsin Seller's permit?		*****	· · · · [☐ Yes ☑ No
14. Wisconsin Seller's Permit Number (if applicat	le)				
Bank D. Institute at Information	All					
Part B: Individual Information	* 10			%.e. ≈2		
List the name, title, and phone nut	mber for	all officers, directors, and a	gent of the organ	ization. Include a	n Individua	al Questionnaire
(Form AB-100) for each person list			•			
Corporations must also include Ald	cohol Be	verage Appointment of Age	nt (Form AB-101).			
Last Name	First Na	ime	Title		Phone	
Swetlik	Denni	S	Club Presid	dent	(920)	905-3115
Zimmerlee	Jeff		Club Treasu	irer	(920)	901-7930
		•				
Brotcke	Debor	ah	Club Secret	tary	(815)	762-5173
Distance.	3031.	- 1	A1			
Ditmer	Micha	81	Club Agent		(612)	840-7507

Face of the Late o						
Part C: Event Information						
1. Name of Event (if applicable)						
DOWNTOWN FRIDAY NIGHT LIVE Concert Series						
			3. Hours of Op			
September 27			6:00 -1	6:00 -10:00 PM		
4. Premises Address						
1700 Washington Street						
5. City		6. State 7. Zip Cod				
Two Rivers		WI 5424				
8. County					strict	
Manitowoc	of: Two RIV					
11. Organizer of Event (if not the named applicant) 12. Email and/or Phone Number for Organizer of Event						
Two Rivers Parks and Rec D	(920) 323-8622					
13. Organizer Website	14. Event Website					
https://www.two-rivers.org/parksrec https://www.two-rivers.org/park					ec.	
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 selling out of the Central Park Pavillon in the center of the park. Records will be kept with the President of of the Club, Dennis Swetlik. Alcohol will be stored in the club's locked storage unit.						
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		First Name			M.I.	
Ditmer		Michael			J	
Title	Email			Phone		
Agent and Board Member	micha	el@stillbend.com		(612) 8	10-7507	
Signature Milal Styre 06/2:				06/24/24		
Part E: For Clerk Use Only						
Date Application Was Filed With Clerk		License Number TWP-2431				
Date License Granted	Date License Issued					
Signature of Clerk/Deputy Clerk						