

Temporary Alcohol Beverage License

Municipality
Two Rivers

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
Rotary Club of Two Rivers

2. Organization Permanent Address
PO Box 272

3. City
Two Rivers

4. State
WI

5. Zip Code
54241

6. Mailing Address (if different from permanent address)

7. FEIN
39-6089129

8. Date of Organization/Incorporation
02/08/23

9. State of Organization/Incorporation
Wisconsin

10. Phone
(612) 840-7507

11. Email
michael@stillbend.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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information

1. Name of Event (if applicable) BANDS ON THE BEACH			
2. Dates of Operation July 7		3. Hours of Operation 2:00 - 6:00 PM	
4. Premises Address 1700 Washington Street 2111 Perce St.			
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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 from a tent adjacent to the Neshotah Beach Rotary Pavilion. 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 Ditmer		First Name Michael	M.I. J
Title Agent and Board Member	Email michael@stillbend.com	Phone (612) 840-7507	
Signature 		Date 06/24/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6/24/24	License Number TMP-2420
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

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 Rotary Club of Two Rivers		
2. Organization Permanent Address PO Box 272		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6089129	8. Date of Organization/Incorporation 02/08/23	9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507	11. Email michael@stillbend.com	
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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information

1. Name of Event (if applicable) BANDS ON THE BEACH			
2. Dates of Operation July 14		3. Hours of Operation 2:00 - 6:00 PM	
4. Premises Address 1700 Washington Street 2111 Pierce St.			
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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 from a tent adjacent to the Neshotah Beach Rotary Pavilion. 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

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Last Name Ditmer		First Name Michael	M.I. J
Title Agent and Board Member	Email michael@stillbend.com		Phone (612) 840-7507
Signature 		Date 06/24/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6/24/24	License Number TMP-2421
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality
Two Rivers


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 Rotary Club of Two Rivers		
2. Organization Permanent Address PO Box 272		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6089129	8. Date of Organization/Incorporation 02/08/23	9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507	11. Email michael@stillbend.com	
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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE Concert Series			
2. Dates of Operation July 19		3. Hours of Operation 6:00 -10:00 PM	
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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 Ditmer		First Name Michael	M.I. J
Title Agent and Board Member		Email michael@stillbend.com	Phone (612) 840-7507
Signature 		Date 06/24/24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 06/24/24	License Number TMP-2422
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality Two Rivers


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

Part A: Organization Information		
1. Organization Name Rotary Club of Two Rivers		
2. Organization Permanent Address PO Box 272		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6089129	8. Date of Organization/Incorporation 02/08/23	9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507	11. Email michael@stillbend.com	
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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) BANDS ON THE BEACH			
2. Dates of Operation August 4		3. Hours of Operation 2:00 - 6:00 PM	
4. Premises Address 1700 Washington Street 2111 Pierce St			
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 NA			
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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 from a tent adjacent to the Neshotah Beach Rotary Pavilion. 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			
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Last Name Ditmer		First Name Michael	M.I. J
Title Agent and Board Member		Email michael@stillbend.com	Phone (612) 840-7507
Signature 		Date 06/24/24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 6/24/24	License Number TMP-2423
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

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
Rotary Club of Two Rivers

2. Organization Permanent Address
PO Box 272

3. City
Two Rivers

4. State
WI

5. Zip Code
54241

6. Mailing Address (if different from permanent address)

7. FEIN
39-6089129

8. Date of Organization/Incorporation
02/08/23

9. State of Organization/Incorporation
Wisconsin

10. Phone
(612) 840-7507

11. Email
michael@stillbend.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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information

1. Name of Event (if applicable) BANDS ON THE BEACH			
2. Dates of Operation August 11		3. Hours of Operation 2:00 - 6:00 PM	
4. Premises Address 1700 Washington Street 2111 Pierce St.			
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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 from a tent adjacent to the Neshotah Beach Rotary Pavilion. 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 Ditmer		First Name Michael	M.I. J
Title Agent and Board Member	Email michael@stillbend.com	Phone (612) 840-7507	
Signature 		Date 06/24/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6/24/24	License Number TMP-2424
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality Two Rivers


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 Rotary Club of Two Rivers		
2. Organization Permanent Address PO Box 272		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6089129	8. Date of Organization/Incorporation 02/08/23	9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507	11. Email michael@stillbend.com	
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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE Concert Series			
2. Dates of Operation August 16		3. Hours of Operation 6:00 -10:00 PM	
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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.			

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Last Name Ditmer		First Name Michael	M.I. J
Title Agent and Board Member	Email michael@stillbend.com		Phone (612) 840-7507
Signature 		Date 06/24/24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 6/24/24	License Number TMP-2425
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality Two Rivers

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
Rotary Club of Two Rivers

2. Organization Permanent Address
PO Box 272

3. City
Two Rivers

4. State
WI

5. Zip Code
54241

6. Mailing Address (if different from permanent address)

7. FEIN
39-6089129

8. Date of Organization/Incorporation
02/08/23

9. State of Organization/Incorporation
Wisconsin

10. Phone
(612) 840-7507

11. Email
michael@stillbend.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
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Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →


Part C: Event Information

1. Name of Event (if applicable) BANDS ON THE BEACH			
2. Dates of Operation August 17		3. Hours of Operation 5:00 - 8:30 PM	
4. Premises Address 1700 Washington Street 2111 Pierce St.			
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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 from a tent adjacent to the Neshotah Beach Rotary Pavilion. 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 Ditmer	First Name Michael	M.I. J
Title Agent and Board Member	Email michael@stillbend.com	Phone (612) 840-7507
Signature 		Date 06/24/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6/24/24	License Number TMP-2426
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality Two Rivers

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 Rotary Club of Two Rivers		
2. Organization Permanent Address PO Box 272		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6089129	8. Date of Organization/Incorporation 02/08/23	9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507	11. Email michael@stillbend.com	
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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information


1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE Concert Series			
2. Dates of Operation August 23		3. Hours of Operation 6:00 -10:00 PM	
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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

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Last Name Ditmer		First Name Michael		M.I. J
Title Agent and Board Member		Email michael@stillbend.com	Phone (612) 840-7507	
Signature 			Date 06/24/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6/24/24	License Number TMP-2427
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

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
Rotary Club of Two Rivers

2. Organization Permanent Address
PO Box 272

3. City
Two Rivers

4. State
WI

5. Zip Code
54241

6. Mailing Address (if different from permanent address)

7. FEIN
39-6089129

8. Date of Organization/Incorporation
02/08/23

9. State of Organization/Incorporation
Wisconsin

10. Phone
(612) 840-7507

11. Email
michael@stillbend.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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information

1. Name of Event (if applicable)

BANDS ON THE BEACH

2. Dates of Operation

August 25

3. Hours of Operation

2:00 - 6:00 PM

4. Premises Address

~~1700 Washington Street~~ **2111 Pierce St**

5. City

Two Rivers

6. State

WI

7. Zip Code

54241

8. County

Manitowoc9. Governing Municipality City Town Villageof: **Two Rivers**

10. Aldermanic District

NA

11. Organizer of Event (if not the named applicant)

Two Rivers Parks and Rec Department

12. Email and/or Phone Number for Organizer of Event

(920) 323-8622

13. Organizer Website

https://www.two-rivers.org/parksrec

14. Event Website

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 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 from a tent adjacent to the Neshotah Beach Rotary Pavilion. 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

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Last Name

Ditmer

First Name

Michael

M.I.

J

Title

Agent and Board Member

Email

michael@stillbend.com

Phone

(612) 840-7507

Signature



Date

06/24/24**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk

6/24/24

License Number

TMP-2428

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

Temporary Alcohol Beverage License

Municipality Two Rivers

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 Rotary Club of Two Rivers		
2. Organization Permanent Address PO Box 272		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6089129	8. Date of Organization/Incorporation 02/08/23	9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507	11. Email michael@stillbend.com	
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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information

1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE Concert Series			
2. Dates of Operation August 30		3. Hours of Operation 6:00 -10:00 PM	
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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			
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Last Name Ditmer		First Name Michael	M.I. J
Title Agent and Board Member		Email michael@stillbend.com	Phone (612) 840-7507
Signature 		Date 06/24/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6/24/24	License Number TTUP-2429
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality Two Rivers


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

Part A: Organization Information		
1. Organization Name Rotary Club of Two Rivers		
2. Organization Permanent Address PO Box 272		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6089129	8. Date of Organization/Incorporation 02/08/23	9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507	11. Email michael@stillbend.com	
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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE Concert Series			
2. Dates of Operation September 13		3. Hours of Operation 6:00 -10:00 PM	
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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			
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Last Name Ditmer		First Name Michael	M.I. J
Title Agent and Board Member	Email michael@stillbend.com		Phone (612) 840-7507
Signature 		Date 06/24/24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 6/24/24	License Number TMP-2430
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Temporary Alcohol Beverage License

Municipality Two Rivers


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 Rotary Club of Two Rivers		
2. Organization Permanent Address PO Box 272		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6089129	8. Date of Organization/Incorporation 02/08/23	9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507	11. Email michael@stillbend.com	
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
Swetlik	Dennis	Club President	(920) 905-3115
Zimmerlee	Jeff	Club Treasurer	(920) 901-7930
Brotcke	Deborah	Club Secretary	(815) 762-5173
Ditmer	Michael	Club Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) DOWNTOWN FRIDAY NIGHT LIVE Concert Series			
2. Dates of Operation September 27		3. Hours of Operation 6:00 -10:00 PM	
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website https://www.two-rivers.org/parksrec		14. Event Website 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 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.			

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Last Name Ditmer		First Name Michael	M.I. J
Title Agent and Board Member	Email michael@stillbend.com		Phone (612) 840-7507
Signature 		Date 06/24/24	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 6/24/24	License Number TRP-2431
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	