

# Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$10.00

Application Date: 1/13/22

Town  Village  City of Two Rivers

County of Manitowoc

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.  
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning Time: 7:30 am and ending Time: 11:30 pm and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

### 1. Organization (check appropriate box) →

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

(a) Name Roncalli Athletic Association

(b) Address 2000 Mirro Dr. Manitowoc WI 54220  
(Street)  Town  Village  City

(c) Date organized 1969

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_

(g) Name and address of manager or person in charge of affair: David J. Anschutz  
phone number: 920-905-2317, 3412 Garfield St. T.R. WI 54241

### 2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 1717 E. Park St. Two Rivers, WI 54241

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? Gym + Lobby

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Community House, Gym + Lobby

### 3. Name of Event

(a) List name of the event TRCCS Volleyball Tournament

(b) Dates of event 3/5/2022 + 3/6/2022

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Paul J. Anschutz 1/13/22  
(Signature / Date)

Roncalli Athletic Association  
(Name of Organization)

Date Filed with Clerk 1/13/2022

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_