

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
☒ Temporary "Class B" Wine ☒ Temporary Class "B" Beer	Total Fees	\$ 10.00

Part A: Organization Information				
1. Organization Name Two Rivers Main Street				
2. Organization Permanent Address 1608 Washington St				
3. City Two Rivers		4. State WI	5. Zip Code 54241	
6. Mailing Address (if different from permanent address) PO Box 417				
7. FEIN 39-1884042		8. Date of Organization/Incorporation 1996		9. State of Organization/Incorporation WI
10. Phone 920-774-1482		11. Email Director@twoRiversMainStreet.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
Pigeon	Kristine	President	920-481-4420
Stevens	Travis	Vice President	920-973-1681
Meissner	Nick	Treasurer	920-973-6316
Kumbalek	Dewon	Secretary	920-242-8365

Continued →

Part C: Event Information

1. Name of Event (if applicable)

TRMS Fall Wine + Beer Walk

2. Dates of Operation

10/23/2026

3. Hours of Operation

5:00pm - 8:30pm

4. Premises Address

1608 Washington St → Sec 1st

5. City

Two Rivers

6. State

WI

7. Zip Code

54241

8. County

Monitowec

9. Governing Municipality ☒ City ☐ Town ☐ Village

of: Two Rivers

10. Aldermanic District

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

TRMS

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

Director@two-rivers-main-street.com 820-794-1482

13. Organizer Website

TwoRiversMainStreet.com

14. Event Website

15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

12 businesses sampling beer + wine.

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

Ring

First Name

Jason

M.I.

P

Title

Director

Email

director@two-rivers-main-street.com

Phone

820-794-1482

Signature

Jason Ring

Date

7/23/2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

9/25/2026

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Two Rivers Main Street

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☐
- Corporation
- ☒
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Ring

2. First Name

Jason

3. MI

P

4. Email

director@tworiversmainstreet.com

5. Phone

920-794-7482

6. Home Address

615 Buchholz St.

7. City

Two Rivers

8. State

WI

9. Zip Code

59241

10. Age

49

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Ring		First Name Jasen		M.I. P
Title Director	Email director@two rivers main stadium		Phone 820-794-1482	
Signature 			Date 9/23/2024	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Ring		First Name Jasen		M.I. P
Signature 			Date 9/23/2024	

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Two Rivers Main Street	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
☐ Sole Proprietor	☐ Partnership
☐ Limited Liability Company	☐ Corporation
☒ Nonprofit Organization	

Part B: Individual Information

1. Last Name Ring		2. First Name Jasen		3. M.I. P	
4. Relationship to Business (Title) Director		5. Email director@tworiversmainstreet.com		6. Phone 920-794-1402	
7. Home Address 615 Buchholz St					
8. City Two Rivers		9. State WI		10. Zip Code 54241	
11. Date of Birth 08/16/1977					
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI		

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?					
Years 49		Months 1			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 615 Buchholz St.		City Two Rivers		State WI	
Previous Address 2		City		State	
Previous Address 3		City		State	
Previous Address 4		City		State	
Previous Address 5		City		State	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Manitowoc	State WI	County Brown	State WI	County Trempealeau
State WI	County Dunn	State WI	County LaCrosse	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

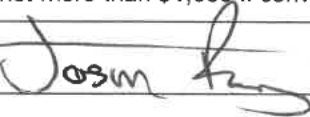
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature



Date

9/23/2026

Alcohol Beverage
Individual QuestionnaireDate
09/25/2026

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Two Rivers Main Street

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Pigeon

2. First Name

Kristine

3. M.I.

T

4. Relationship to Business (Title)

President

5. Email

kristine.pigeon@yahoo.com

6. Phone

920-973-0074

7. Home Address

3246 S. County Rd. P

8. City

Denmark

9. State

WI

10. Zip Code

54208

11. Date of Birth

05/25/1975

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
51Months
4

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
3246 S. County Rd. P	Denmark	WI	54208
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Brown	WI	Manitowoc				
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature

Kristine T. Pigeon

Date

9-25-2026

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Two Rivers Main Street

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Stevens

2. First Name

Travis

3. M.I.

M

4. Relationship to Business (Title)

Board Member

5. Email

trstevens53@gmail.com

6. Phone

920-973-1681

7. Home Address

818 Buchholz St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

06-06-84

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

42

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No
- If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

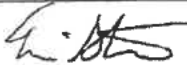
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature



Date

09/25/2026

Alcohol Beverage
Individual QuestionnaireDate
9/24/26

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Two Rivers Main Street

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Meissner

2. First Name

Nicholas

3. M.I.

A

4. Relationship to Business (Title)

Treasurer

5. Email

nmeissner94@gmail.com

6. Phone

(920)973-6316

7. Home Address

719 Lowell St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

6/21/1994

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
31

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

719 Lowell St

City

Two Rivers

State

WI

Zip Code

54241

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Manitowoc						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature

Nicholas Meissner

Date

9/24/26

Alcohol Beverage
Individual QuestionnaireDate
9/24/2020

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) Two Rivers Main Street	
2. Business Trade Name or DBA	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization	

Part B: Individual Information

1. Last Name Kumbalek	2. First Name Devin	3. M.I. M
4. Relationship to Business (Title)	5. Email farrell53198@gmail.com	6. Phone 920-242-8365
7. Home Address 936 N 8th St.		
8. City Manitowoc	9. State WI	10. Zip Code 54220
11. Date of Birth 05/31/1998		12. Drivers License/State ID Number
13. Drivers License/State ID State of Issuance WI		

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			
Years 28		Months	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
1923 Lincoln St.	Two Rivers	WI	54241
Previous Address 2	City	State	Zip Code
2532 34th St.	Two Rivers	WI	54241
Previous Address 3	City	State	Zip Code
1325 S 9th St.	Manitowoc	WI	54220
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
WI	Manitowoc		
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No
- If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature <i>Don Kuchel</i>	Date <i>9/24/2026</i>
-----------------------------	-----------------------

2026 Fall Wine/Beer Walk Participants

Business	Address	Email Address	Bartender	Permit Needed
Weichert, Realtors CornerStone	1603 Washington Street	kristine.pigeon@yahoo.com	Kristine Pigeon	x
Bees Emporium & Café	1606 Washington Street	gaiastronandsun@gmail.com	Bee Otteson	x
Dice Gobbler	1615 Washington Street	trevor.b.snyder@hotmail.com	Trevor Snyder	x
Two Rivers Main Street Office	1608 Washington Street	director@tworiversmainstreet.com	Jason Ring	x
NEW Conservatives	1308 Washington Street	dahlkeatherine@gmail.com	Kathy Dahlke	x
Scream N Conuts	1200 Washington St	meagangeppert@gmail.com	Meagan Geppert	x
Cool City Cycles	1810 Washington Street	coolcitycycles@gmail.com	Amy Potthoff	x
Kurtz's	1404 Washington Street	kurtzspubdeli@gmail.com	Brenda Fischer	
Cool City Brewing Company	1718 West Park Street	Gina@coolcitybrewing.com	Gina Krahm	
Fox Den Lounge	1415 16th Street	Melissa@violetinn.com	Melissa Nyssen	
Uncorked Book Lounge	1610 Washington Street	papercranebookstore@gmail.com	Carrie Pazckowski	
Heroes Venture Arcade	2022 Washington Street	astroid2010@gmail.com	Michael Cleveland	
Ken's Place	1822 Adams Street	kensbar17@yahoo.com	Ken Del Valle	



**TWO
RIVERS**
WISCONSIN

CITY CLERK

1717 E. Park Street
P.O. BOX 87
Two Rivers, WI 54241-0087

NOTE:

**THIS FORM IS TO BE COMPLETED AND ATTACHED TO ALL
APPLICATIONS FOR SPECIAL CLASS B MALT LICENSES FOR
PICNICS & GATHERINGS**

* * * * *

The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury or damage to any person or property which is associated with or arises out of the applicant's use of the City property and the dispensing of fermented malt beverage to any person pursuant to any license issued upon this application

Jason Ring
PRINTED NAME

[Signature]
SIGNATURE

Two Rivers Main Street
ORGANIZATION

9/23/2024
DATE

LIST OF WISCONSIN DISTRIBUTORS / WHOLESALERS SUPPLYING BEVERAGES

1. Triangle
2. _____
3. _____
4. _____