

Temporary Alcohol Beverage License

Municipality
Two Rivers

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

Part A: Organization Information		
1. Organization Name Friends of the Van der Brohe Arboretum		
2. Organization Permanent Address 3800 Lincoln Ave		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address) NA		
7. FEIN 83-2011268	8. Date of Organization/Incorporation 09/25/2018	9. State of Organization/Incorporation WI
10. Phone (920) 973-3302	11. Email Erin@vanderbrohearboretum.org erin.gonnerman@gmail.c	
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
Gonnerman	Erin	Chair of Board	(920) 973-3302
Schmidt	Lyssa	Executive Director	(920) 460-6553
Klein	Jennifer	Vice Chair	(920) 621-1003
Henrickson	Brian	Board Secretary	(920) 242-3586
Burish	John	Board Member	(920) 242-7407


Abts

Sandra

Alcohol Beverage Agent 920-901-1639

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Garden Wine Walk			
2. Dates of Operation October 11, 2025		3. Hours of Operation 3 pm to 8 pm	
4. Premises Address 3800 Lincoln Ave			
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
11. Organizer of Event (if not the named applicant) Erin Gonnerman		12. Email and/or Phone Number for Organizer of Event erin@vanderbrohearboretum.org	
13. Organizer Website vdbarboretum.org		14. Event Website givebutter.com/VDBAwalk2025	
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. The Van der Brohe Arboretum is 65 acres of gently rolling hills and trails with woods and prairies. The wine walk will have 9 tables throughout the grounds, serving wine tastings and appetizers at each table. People will walk from table to table. Wine will be kept at the tables, and if necessary stored the day before and the evening after in the only building on the grounds, the propagation center. Wine will not be served from the propagation center. Map from previous year is attached.			

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 Gonnerman	First Name Erin	M.I. C
Title Chair of the Board	Email Erin@vanderbrohearboretum.org	Phone (920) 973-3302
Signature 		Date 08/16/25

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



**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**

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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

Van der Broeke Arboretum
Organization

E. J. [Signature]
Signature

Elin Gommerman
Printed Name

8/25/2025
Date