

Temporary Alcohol Beverage License

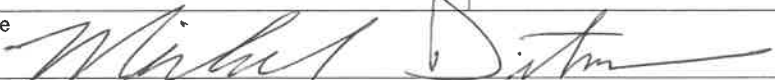
License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

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 01/08/23		9. State of Organization/Incorporation WI
10. Phone (612) 840-7507		11. Email triversrotary@gmail.com		
12. Organization type (<i>check one</i>)				
<input 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 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	President	(920) 905-3115
Zimmerlee	Jeff	Treasurer	(902) 901-7930
Brotcke	Deborah	Secretary	(815) 762-5173
Ditmer	Michael	Agent	(612) 840-7507

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Paddle Palooza			
2. Dates of Operation 09/14/24		3. Hours of Operation 11:00 AM - 6:00 PM	
4. Premises Address 1800 School St			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County Manitowoc	9. Governing Municipality <input 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) Mike Mathis		12. Email and/or Phone Number for Organizer of Event (920) 793 5591 mmathis@two-rivers.org	
13. Organizer Website www.two-rivers.org		14. Event Website www.exploretworivers.com/explore/page/pad	
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 erecting a small tent in the park to sell beverages. Beverages are stored in the the Rotary Club's secured storage locker			

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 for Club	Email michael@stillbend.com	Phone (612) 840-7507
Signature 		Date 08/28/24

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	

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)

Rotary Club of Two Rivers

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

WI

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

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Part B: Agent Information

1. Last Name Ditmer	2. First Name Michael	3. M.I. J
4. Email michael@stillbend.com		5. Phone (612) 840-7507
6. Home Address 2991 37th ST		
7. City Two Rivers	8. State WI	9. Zip Code 54241
10. Age 63		
11. Drivers License/State ID Number D-356-5506-1132-09		12. Drivers License/State ID State of Issuance WI


Part C: Agent Questions

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

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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 Swetlik		First Name Dennis	M.I. J
Title President	Email dswetlik@charter.net		Phone 920-905-3115
Signature 		Date 6/13/2024	

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 Ditmer		First Name Michael	M.I. J
Signature 		Date 06/13/24	

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