

# Temporary Alcohol Beverage License

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

<b>Part A: Organization Information</b>			
1. Organization Name ROGERS STREET FISHING VILLAGE			
2. Organization Permanent Address 2102 JACKSON ST.			
3. City TWO RIVERS		4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address) P.O. BOX 33			
7. FEIN 23-7086805	8. Date of Organization/Incorporation 12/31/67	9. State of Organization/Incorporation WISCONSIN	
10. Phone 793-2556	11. Email bonnietimm@charter.net		
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)			

<b>Part B: Individual Information</b>			
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
BECKER	DANIEL	PRESIDENT	684-3909
THIEDE	GERALD	VICE PRESIDENT	657-1038
VANDRISSE	JANICE	SECRETARY	794-1903
TIMM	BONNIE	TREASURER	793-2556

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) ROGERS STREET DAYS			
2. Dates of Operation AUGUST 9, 2024		AUGUST 10, 2024	
3. Hours of Operation NOON TO 11PM			
4. Premises Address 2102 JACKSON 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
11. Organizer of Event (if not the named applicant) BONNIE TIMM		12. Email and/or Phone Number for Organizer of Event BONNIETIMM@CHARTER.NET	
13. Organizer Website ROGERSSTREET.COM		14. Event Website NONE	
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.  PROPERTY AT 2102 JACKSON AND LOT TO THE NORTH TO 22ND ST.			

**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 Timm		First Name Bonnie		M.I. L
Title TREASURER	Email bonnie.timme@charter.net		Phone 9207932556	
Signature Bonnie L Timm			Date 6/18/24	

**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	



**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

Rogers Street Fishing Village  
Organization

Bonnie L Timm  
Signature

Bonnie L. Timm, Treasurer  
Printed Name

6/18/2024  
Date