

**Temporary Alcohol Beverage License**

Municipality City of Two Rivers
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License(s) Requested	Fees	
	<input checked="" 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 Two Rivers Historical Society		
2. Organization Permanent Address 1622 Jefferson Street		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address) PO Box 527, Two Rivers, WI 54241		
7. FEIN 396102653	8. Date of Organization/Incorporation 06/23/69	9. State of Organization/Incorporation WI
10. Phone (920) 793-2490	11. Email museums@tworivers-history.org	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) 456 0000 121189-02		


<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
Engelland	Holly	President	(920) 860-1647
Konop	Donald	Vice President	(920) 794-1538
Schmoouk	Louise	Secretary	(920) 323-2667
Timm	Bonnie	Treasurer	(920) 793-2556
Sommers	Tootsie	Director	(920) 645-8823

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) "The Accidental Hero" Live Performance			
2. Dates of Operation July 27, 2024		3. Hours of Operation 6pm - 11pm	
4. Premises Address 1622 Jefferson Street			
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) Tootsie M Sommers		12. Email and/or Phone Number for Organizer of Event sommers@tworivers-history.org	
13. Organizer Website <a href="https://www.tworivers-history.org/ne">https://www.tworivers-history.org/ne</a>		14. Event Website <a href="https://www.tworivers-history.org/tickete">https://www.tworivers-history.org/tickete</a>	
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.  3-story museum with public access to only floors 1 and 2. Alcoholic beverages will be stored behind the bar refridgerator (behind the bar). The beverages can be consumed in the first floor bar room or second floor grand ball room during the show. Records are kept in a second floor office. Other rooms include a gift shop, history room, service rooms (2), display kitchen, school room, music room and 4 small theme rooms behind the stage.			

**Part D: Attestation**

Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 Sommers		First Name Tootsie	M.I. M
Title Director	Email sommers@tworivers-history.org		Phone (920) 645-8823
Signature 		Date 6/28/24	

**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	



**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

Two Rivers Historical Society  
Organization

  
Signature

Tootsie M. Sommers  
Printed Name

6/28/24  
Date