Form **AB-220**

Temporary Alcohol Beverage License

Municipality: CITY OF TWO RIVERS

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

Part A: Organization Information

1. Organization Name: WOODLAND DUNES NATURE CENTER and PRESERVE, INC.

2. Organization Permanent Address: 3000 HAWTHORNE AVE

3. City: TWO RIVERS | 4. State: WI | 5. Zip Code: 54241

6. Mailing Address (if different from permanent address): P.O. BOX 486 TWO RIVERS, WI 54241

7. FEIN: 39-6084264 | 8. Date of Organization/Incorporation: | 9. State of Organization/Incorporation:

10. Phone: 920.793.4007 | 11. Email: suec@woodlanddunes.org

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
McLaughlin	Mark	President	920.860.7170
Gahl	Robert	VicePresident	920.323.1908
Christiansen	Troy	Treasurer	920.793.4503
Vorron	Kelly	Secretary	920.629.0103
Crowley	Sue	Exec. Director	608.317.6596

Continued →

Part C: Event Information

1. Name of Event (if applicable): heiknbrew 2026

2. Dates of Operation: SEPT 11, 2026

3. Hours of Operation: 5pm - 9pm

4. Premises Address: 3000 Hawthorne Ave

5. City: Two Rivers

6. State: WI

7. Zip Code: 54241

8. County: Manitowoc

9. Governing Municipality: ☒ City ☐ Town ☐ Village of: TWO RIVERS

10. Aldermanic District:

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

12. Email and/or Phone Number for Organizer of Event: suec@woodlanddunes.org 920 793 4007

13. Organizer Website: woodlanddunes.org

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.

PRIMARY BUILDING IS THE NATURE CENTER, WHERE STORAGE WILL OCCUR. THE EVENT IS OUTSIDE BEHIND THE NATURE CENTER - BY THE PAVILION, BARN, AND ON PARTS OF CATTAIL TRAIL, WILLOW TRAIL AND GOLDENROD TRAIL. ROOM - MAIN HALL = REGISTRATION + BATHROOMS. WEST FOUNDATION ROOM (BIG HALL w/ KITCHEN) - STORAGE. RECORDS STORED IN OFFICE SECTION.

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	First Name	M.I.
CROWLEY	SUSAN	E.

Title	Email	Phone
EXEC. DIRECTOR	suec@woodlanddunes.org	920 793 4007

Signature: Susan E Crowley Date: 07/01/2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
07/01/2026	
Date License Granted	**Date License Issued**

Signature of Clerk/Deputy Clerk:

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 7/1/2026

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)
WOODLAND DUNES NATURE CENTER AND PRESERVE, INC

2. Business Trade Name or DBA
- same as above -

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	2. First Name	3. M.I.
CROWLEY	SUSAN	E.

4. Email	5. Phone
suec@woodlanddunes.org	920 793-4007

6. Home Address
2020 41st ST.

7. City	8. State	9. Zip Code	10. Age
TWO RIVERS	WI	54241	61

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	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	First Name	M.I.
CROWLEY	SUSAN	E.

Title	Email	Phone
EXECUTIVE DIRECTOR	snec@woodlanddunes.org	920 793-4007

Signature	Date
Susan E Crowley	07/01/2026

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	First Name	M.I.
CROWLEY	SUSAN	E.

Signature	Date
Susan E Crowley	07/01/2026

360 TRAINING

LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Susan Elizabeth Crowley

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date	Expiration Date	Certificate #
07/19/2025	07/19/2027	WI-00641384

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

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

WOODLAND DUNES NATURE CENTER + PRESERVE, INC
Organization

Susan E. Crowley
Signature

SUSAN E CROWLEY
Printed Name

07/01/2026
Date