

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Two Rivers
License Period	12/2/25 - 6/30/26

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ 50.00 ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ 500.00 ☒ "Class B" Liquor \$ 275.00
- ☐ "Class A" Liquor (cider only) \$ 0.00 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ 100.00

Fees	
License Fees	\$ 218.74
Background Check Fee	\$ 20.00
Publication Fee	\$ 20.00
Total Fees	\$ 258.74

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) VIOLET INN LLC		
2. Business Trade Name or DBA VIOLET INN, LOUNGE + SPA		
3. FEIN 33-3149960	4. Wisconsin Seller's Permit Number 456-1032089255-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization JAN 2025	8. Wisconsin DFI Registration Number V035237
9. Premises Address 1415 16th STREET		
10. City TWO RIVERS	11. State WI	12. Zip Code 54241
13. County MANITOWOC	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Two Rivers	15. Aldermanic District N/A
16. Premises Phone 920-653-4411	17. Premises Email STAY@VIOLETINN.COM	18. Website VIOLETINN.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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. ALCOHOL WILL BE CONSUMED IN BAR AREA AND INN LOBBY. ALCOHOL WILL BE STORED IN BAR AREA, AND LOCKED KITCHEN. DOCUMENT STORAGE WILL BE IN OFFICE NEXT TO KITCHEN.		
20. Mailing Address (if different from premises address) _____		
21. City _____	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

VIOLET INN LLC

4b. Business Entity FEIN

33-3149960

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
NYSSSEN	MELISSA	CO-OWNER	630-728-5332
HANLEY	AMANDA	CO-OWNER	847-477-3739

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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.
NYSSSEN	MELISSA	A
Title	Email	Phone
CO-OWNER	MELISSA@VIOLETINN.WI	630-728-5332
Signature	Date	
Melissa Nyssen	11-6-2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
11/11/2025			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

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) VIOLET INN LLC			
2. Business Trade Name or DBA			
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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 NYSSSEN		2. First Name MELISSA		3. M.I. A
4. Email MELISSA@VIOLETINN.COM			5. Phone 630-728-5332	
6. Home Address 130 PARK ROAD				
7. City TWO RIVERS	8. State WI	9. Zip Code 54241		10. Age 59
11. Drivers License/State ID Number [REDACTED]			12. Drivers License/State ID State of Issuance	

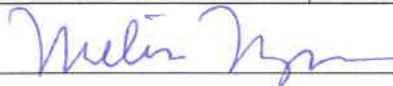
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 NYSSSEN		First Name MELISSA		M.I. A
Title CO-OWNER	Email MELISSA@VIOLETTINN.COM		Phone 630-728-5332	
Signature 			Date 11-7-25	

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 NYSSSEN		First Name MELISSA		M.I. A
Signature 			Date 11-7-25	



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Where Knowledge Meets Responsibility

This certificate 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.

CERTIFICATE OF COMPLETION

This is to certify that

Melissa Nyssen

Has Successfully Completed the Following Course and Examination

Wisconsin Alcohol Server and Seller Certification

Edward D McLean

Edward D. McLean, Program Director
www.LIQORexam.com



Date: 03/30/2025
Expiration: 24 Months
Certificate #: 219283
Birth Date: 02/04/1966