

Temporary Alcohol Beverage License

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>

**Part A: Organization Information**

1. Organization Name  
AMERICAN LEGION AUXILIARY - UNIT 165

2. Organization Permanent Address  
3411 PARKWAY BLVD

3. City  
TWO RIVERS

4. State  
WI

5. Zip Code  
54241

6. Mailing Address (if different from permanent address)

7. FEIN  
85-3885089

8. Date of Organization/Incorporation

9. State of Organization/Incorporation  
WISCONSIN

10. Phone  
847-338-2907

11. Email  
AUXWIPOST165TR@GMAIL.COM

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
STEPHENS	PAMELA	PRESIDENT	847-708-4533
LEPKY	LINDA	VICE PRESIDENT	
OMILWAN	MARY	SECRETARY	

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) SENIOR CENTER 70 <sup>TH</sup> ANNIVERSARY CELEBRATION			
2. Dates of Operation AUGUST 7, 2024		3. Hours of Operation 15:00 - 18:00	
4. Premises Address WEST CENTRAL PARK			
5. City TWO RIVERS		6. State WI	7. Zip Code 54241
8. County MADISON	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: TWO RIVERS		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) TWO RIVERS SENIOR CENTER		12. Email and/or Phone Number for Organizer of Event 920-793-5596	
13. Organizer Website		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. IT'S A PARK			

**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 PAMELA STEPHENS		First Name PAMELA		M.I. J
Title PRESIDENT	Email AUXWIPOST165TR@GMAIL.COM		Phone 847-708-4533	
Signature <i>Pamela J. Stephens</i>			Date	

**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**

\* \* \* \* \*

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

American Legion Auxiliary - Unit 165

Organization

*Pamela J. Stephens*

Signature

PAMELA J. STEPHENS

Printed Name

5/22/2024

Date

Two Rivers WI 53091-0001  
P.O. BOX 51  
TWO RIVERS, WISCONSIN 53091-0051

WISCONSIN  
RIVERS  
TWO RIVERS



NOTE

THIS FORM IS TO BE COMPLETED BY THE APPLICANT AND RETURNED TO THE CITY OF TWO RIVERS, WISCONSIN, AT THE ADDRESS LISTED ABOVE.

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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 of the City of Two Rivers which may be asserted against the City of Two Rivers as a result of the applicant's actions.

I, the undersigned, hereby certify that I am the owner of the property described above and that I am not a minor, an incompetent person, or a person who is otherwise disqualified from holding office under the laws of the State of Wisconsin.

Theresa Lynn Murray - Just US  
Organization

Theresa Lynn Murray  
Signature

Theresa Lynn Murray  
Printed Name

2/20/2024  
Date