

2114

Form
AB-220

Temporary Alcohol Beverage License

Municipality
CITY OF TWO RIVERS

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

Part A: Organization Information			
1. Organization Name	Manitowoc County Mariners Football LLC		
2. Organization Permanent Address	1632 25th St		
3. City	Two Rivers	4. State	5. Zip Code
6. Mailing Address (if different from permanent address)			
7. FEIN 21-2493205	8. Date of Organization/Incorporation 9/09	9. State of Organization/Incorporation Wisconsin	
10. Phone 920 242 0227	11. Email M.Alfaros3.ma@gmail.com		
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Alfaros	Marcos	President	920 242 0227

Continued →

Part C: Event Information

1. Name of Event (if applicable)

Pro wrestling Classic III

2. Dates of Operation

Saturday February 14, 2026

3. Hours of Operation

6:30pm - 11pm

4. Premises Address

1520 17th St

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

920 242 0227

13. Organizer Website

MarinersFootballMC.com

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.

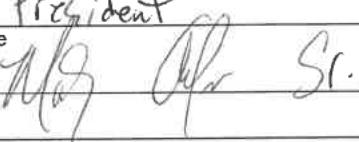
Gym

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	Sr.	First Name	M.I.
Alfaro	Sr.	Marcos	R
Title	Email		Phone
President	M.alfaro53.ma@gmail.com		920 242 0227
Signature			Date
			1/15/26

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

**Alcohol Beverage
Individual Questionnaire**

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Manitowoc County Mariners football LLC

2. Business Trade Name or DBA

Mariners football

3. Entity Type (check one)

 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization**Part B: Individual Information**

1. Last Name

Alfaro Sr.

2. First Name

Marcos

3. M.I.
R

4. Relationship to Business (Title)

President

5. Email

m.alfaro53.ma@gmail.com 920 242 0227

6. Phone

7. Home Address

1632 25th St.

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

01/06/1977

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
30Months
0

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State WI	County Manitowoc	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

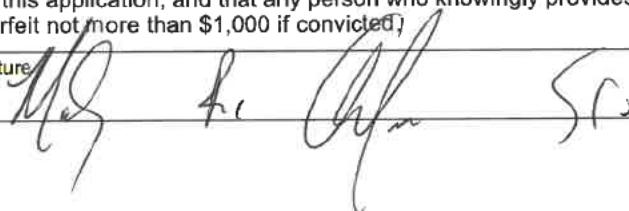
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

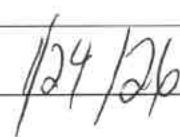
Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature



Date



**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)

Manitowoc County Mariners football LLC

2. Business Trade Name or DBA

Mariners football

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

Alfaro Sr.

2. First Name

Marcos

3. M.I.

R

4. Email

m.alfaro53.ma@gmail.com

5. Phone

920 242 0227

6. Home Address

1632 25th St.

7. City

Two Rivers

8. State

WI

9. Zip Code

54241

10. Age

49

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No

Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No

Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No

See instructions for exceptions.

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 <i>Alfaro Sr.</i>	First Name <i>Marcos</i>	M.I. <i>R</i>
Title <i>President</i>	Email <i>m.alfaro53.ma@gmail.com</i>	Phone <i>920-242-0227</i>
Signature	Date <i>1/24/26</i>	

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 <i>Alfaro Sr.</i>	First Name <i>Marcos</i>	M.I. <i>R</i>
Signature <i>Mig. h. Alf. Sr.</i>	Date <i>1/24/26</i>	



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

Manitowoc County Mariners Football

Organization

Marc R. Alfaro Sr.

Signature

Marcos R Alfaro Sr.

Printed Name

1/15/2026

Date