_	-	 	_

10. Phone

(612) 840-7507

12. Organization type (check one)Bona Fide Club

AB-220

Temporary Alcohol Beverage License

Municipality		

□ Veteran's Organization

License(s) Requested			Fees	
		License Fees	\$	10.00
☐ Temporary "Class B" Wine	✓ Temporary Class "B" Beer	Background Chec	k \$	
		Total Fees	\$	10.00
Part A: Organization Information 1. Organization Name Rotary Club of Two River 2. Organization Permanent Address	rs -			
PO BOX 272				
3. City Two Rivers		4. State	5. Zip Code 54241	
6. Mailing Address (if different from permanen	t address)			
7. FEIN	8. Date of Organization/Incorporation	9. State of Organiza	tion/Incorporat	ion
39-6089129	02/08/23	Wisconsin		

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?	✓ No
14. Wisconsin Seller's Permit Number (if applicable)	
NA NA	

☐ Fair Association/Agricultural Society

michael@stillbend.com

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).

11. Email

Church

Last Name	First Name	Title	Phone
Swetlik	Dennis	President	(920) 905-3115
Zimmerlee	Jeff	Treasurer	(920) 901-7930
Ditmer	Michael	Agent	(612) 840-7507
Brotcke	Deborah	Secretary	(815) 762-5173

Continued \rightarrow

Part C: Event Information					
Name of Event (if applicable)					
BANDS ON THE BEACH					
2. Dates of Operation		3	B. Hours of Opera	tion	
July 13 202	5		12:00 PM		PM
4. Premises Address 1700 Washington Street (Parks	& Rec) - 152	20 17th St (Neshotah I	Beach Rota	ry Pavillio	n)
5. City	,		6. State	7. Zip Code	,
Two Rivers			WI	54241	
8. County	9. Governing Munic	ipality 🗸 City 🗌 Town	Village 10.	Aldermanic Di	strict
Manitowoc	of: Two Rive	ers		NA	
11. Organizer of Event (if not the named applican	t)	12. Email and/or Phone Number	er for Organizer o	of Event	
Two Rivers Parks and Rec I	Department	(920) 323-8622			
13. Organizer Website		14. Event Website			
https://www.two-rivers.org	g/parksrec	https://www.two	-rivers.or	rg/parks	rec
15. Premises Description - Describe the build stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if necessity.	s are kept. Descr of records may or ssary.	ribe all rooms within the build ccur only on the premises de	ling, including li escribed in this	ving quarters application.	s. Authorized Attach a map
The Club will be selling fro Neshotah Beach	m a tent ad	jacent to the Rotary	Pavillion	Stage a	c
Part D: Attestation					
Who must sign this application?					
one officer or director of the nonprofit o	rganization				
·	_	Flance I have a second control			
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely or					
seeking the license. Further, I agree that th					
to another individual or entity. I agree to o	perate according	to the law, including but not	limited to, purcl	hasing alcoh	ol beverages
from Wisconsin-permitted wholesalers. I un					
be deemed a refusal to allow inspection. S that any license issued contrary to Wis. Sta	uch reiusai is a r it. Chapter 125 sl	nisdemeanor and grounds to hall be void under penalty of	r revocation of state law 1 furth	tnis license. her understal	I understand
be prosecuted for submitting false statemer	nts and affidavits i	in connection with this applica	ation, and that a	ny person w	ho knowingly
provides materially false information on this	s application may	be required to forfeit not mo	re than \$1,000	if convicted.	
Last Name		First Name			M.I.
Ditmer		Michael			J
Title	Email	112011402		Phone	J
Club Agent		el@stillbend.com			40-7507
Signature	1		Date	(322) 3	
Mah Da	ti-	->		06/11/202	5
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					

Form AB-101

Alcohol Beverage Appointment of Agent

Date		

✓ Original (no fee)	Successor (\$10 fee for m	unicipal licens	sees only)			
E Original (no ico)		arroipar noorie	,,,,,			
art A: Business Inform						
Legal Business Name (indivi						
Rotary Club of !						
. Business Trade Name or DB	A					
. Entity Type (check one)	Limited Liability Company	,	Corporation	✓ Nonp	rofit Organ	nization
Nichal Barrana Burinasa			r agent, provide Stat			
Alcohol Beverage Business . Municipal Retail Lic		WI	agent, provide Stat	ie Peimii oi Mun	ісіраі Кетап	LICEUSE ING
-	ointing a successor agent, if successor		ave			
Describe the reason for appo	onling a successor agent, it successor	is criecked ab	J. V. C.			
				8:		
Part B: Agent Informat	iion					
	tion	2. First Name				3. M.I.
Part B: Agent Informat Last Name Ditmer	tion	2. First Name	1			3. M.I. J
Last Name Ditmer	iion		1		5. Phone	
Last Name Ditmer			1		5. Phone (612)	
Last Name Ditmer Lemail			1			J
Last Name Ditmer Email michael@stillbe			1			J
Last Name Ditmer Email michael@stillbe Home Address 2991 37th ST			1 9. Zip Code			J
Last Name Ditmer Lemail michael@stillbe Home Address 2991 37th ST		Michae			(612)	J
Last Name Ditmer Email michael@stillbe Home Address 2991 37th ST City Two Rivers	end.com	Michae 8. State	9. Zip Code 54241		(612) 10. Age 63	J 840-75
Last Name Ditmer Email michael@stillbe Home Address 2991 37th ST City Two Rivers 1 Drivers License/State ID N	end.com	Michae 8. State	9. Zip Code 54241		(612) 10. Age 63	J 840-75
Last Name Ditmer Email michael@stillbe Home Address 2991 37th ST City Two Rivers	end.com	Michae 8. State	9. Zip Code 54241 12. Drivers Lice		(612) 10. Age 63	J 840-75
Last Name Ditmer Email michael@stillbe Home Address 2991 37th ST City Two Rivers In Drivers License/State ID N	end.com	Michae 8. State	9. Zip Code 54241 12. Drivers Lice		(612) 10. Age 63	J 840-75
Last Name Ditmer Email michael@stillbe Home Address 2991 37th ST City Two Rivers D-356-5506-1132	end.com umber 2-09	Michae 8. State	9. Zip Code 54241 12. Drivers Lice		(612) 10. Age 63	J 840-75
Last Name Ditmer Email michael@stillbe Home Address 2991 37th ST City Two Rivers D-356-5506-1132	end.com umber 2-09 ns responsible beverage server train	Michae 8. State WI	9. Zip Code 54241 12. Drivers Lice WI	ense/State ID St	(612) 10. Age 63 ate of Issua	J 840-75 nce
Last Name Ditmer Email michael@stillbe Home Address 2991 37th ST City Two Rivers D-356-5506-1132 Part C: Agent Question Have you satisfied the results of complesed.	end.com umber 2-09 ns responsible beverage server train	8. State WI	9. Zip Code 54241 12. Drivers Lice WI ent?	ense/State ID St	(612) 10. Age 63 ate of Issua	J 840-75 nce

Part D: Business Attestation	4		
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certion behalf of the entity. If I am appointing a sull understand that I may be prosecuted for sull any person who knowingly provides materially if convicted.	d liability company with full authority and fy that I am authorized by the above-nam accessor agent, I rescind all previous age abmitting false statements and affidavits in	control of the premises and ed entity to authorize this in a tappointments for this prem a connection with this applic	of all alcohol adividual to act mises. Further, ation, and that
Last Name	First Name		M.I.
Swetlik	Dennis		J
Title	Email	Phone	
President	dswettik@charter.net	920-905	3115
Signature Samo		Date (13/20	24
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busing and affidavits in connection with this application may be required to forfeit not mo	pany and assume full responsibility for th less. I further understand that I may be p lion, and that any person who knowingly p	e conduct of all alcohol bevorosecuted for submitting fa	erage activities lse statements
Last Name	First Name		M.I.
Ditmer	Michael		J
Signature Muhh) Am	Date 06/13/	24

Form		
Α	B-1	00

Alcohol Beverage Individual Questionnaire

Date		
Date		

Clear

Print

Save

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.

1001 0100	mor beverage ap	phodulen or rene					ionnance a		<u>. </u>
Part A:	Business Info	ormation							
-	Business Name (ind ary Club of								
2. Busine	ss Trade Name or	DBA							
	Type (check one) le Proprietor	☐ Partnership	D Limite	d Liabili	ty Compa	ny 🗌 Corporat	tion 🗸	Nonprofit	Organization
Part B:	Individual Inf	ormation							
1. Last N	ame			2. Fi	rst Name				3. M.I.
Dit	mer			M	[ichae]	L			J
4. Relatio	nship to Business	(Title)	5. Email					6. Phone	
Agent for the Club micha			ael@s	tillbe	nd.com		(612)	840-7507	
7. Home	Address								
299	1 37th Stre	eet							
8. City					9. State	10. Zip Code		11. Date of	Birth
Two Rivers				WI	54241		04/1	2/1961	
12. Drive	rs License/State ID	Number				13. Drivers License	/State ID Stat	e of Issuand	e
	Address Hist								
1. Do yo	ou currently live in	n Wisconsin?	55 (285d • 35 55 • 5)	st smst.	es esses ·	51 53 • 630 GCCC • 0 • 10		(+) = E(= . V	Yes No
If ves	provide the mor	oth and year whe	n vou nermanen	tly move	ad to Misc	onsin		(N	IM/YYYY)
11 900	, provide the inoi	itir ana year wise	n you permanen	try move	od to vvisc	JOHSHI .	COCCC - 009 - 0		05/2018
2. List in	chronological or	der all of your ac	dresses within t	ne last 5	years. At	tach additional shee	ts if necessa	ary.	
Previous	Address 1			City			State	Zip Cod	e
Previous	Address 2			City			State	Zip Cod	e
Previous	Address 3			City			State	Zip Cod	e
Previous	Address 4			City			State	Zip Coo	ie
Previous	Address 5			City			State	Zip Cod	de .
								·	
3. List a	II states and cour	nties you have liv	red in as an adul	t. Attach	additiona	I sheets if necessary	/.	1	
State	County	State	County		State	County	State	County	
Mn	Hennipin	MN	Ramsey		MN	Dakota	Otate	Journey	
			T TOTAL Y						
State	County	State	County		State	County	State	County	

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			
If yes to question 1, please list details of each convicti	on below. Attach addition	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
owi	Manitowoc		2018
Penalty Imposed fine/alcohol class		Was sentence comple	eted? Ves No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence comple	eted? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence comple	eted? Yes No
If yes to question 2, describe nature and status of pe sheets as needed.	nding charges using th	e space below. Attach	additional
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of d that any license issu y be prosecuted for sul	lue to any involvement ed contrary to Wis. Sta pmitting false statement	in another tier of the alcohol at. Chapter 125 shall be void as and affidavits in connection

Form		
Α	B-1	00

Alcohol Beverage Individual Questionnaire

Date	
1000	

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

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

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

Part A:	Business Info	rmation								
	Business Name (ind									
	ARY CLUB OF		5							
2. Busine	ess Trade Name or D	DBA								
3 Entity	Type (check one)									
	le Proprietor	Partnership	Limited	Liability	/ Compan	y Corporati	on 🗾	Nonprofit C	Organization	
Part B:	: Individual Info	ormation								
1. Last N	ame			2. Fir	st Name				3. M.I.	
SWET	TLIK			DI	ENNIS				J	
4. Relation	onship to Business (Title)	5. Email					6. Phone		
OFFI	ICER		dswet	lik@c	harter	er.net (920)			905-3115	
7. Home	Address									
4614	4 Columbus	St								
8. City					9. State	10. Zip Code		11, Date of Birth		
Two	Rivers				WI	54241			11/10/55	
12. Drive	12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance					e of Issuance	8			
S342	2-1705-5410	-02				WI				
Part C	: Address Histo	ory								
1. Do yo	ou currently reside	in Wisconsin? .		\$ -35- X -	8.5.8.0		G.101. F. 252.5		Yes No	
	•								Months	
If yes	s to 1 above, how	long have you co	ontinuously lived	in Wisc	onsin prio	r to the date of appli	cation?	68	7	
2 List in	n chronological or	der all of your ad	dresses within th	e last 5	vears. At	tach additional shee	ts if necessa	iry.		
	Address 1	an er year as		City	,		State	Zip Code	9	
				-						
Previous	s Address 2			City			State	Zip Code	e	
11011040	7.144.000 11									
Previous	s Address 3			City	City State			Zip Code		
Previous	s Address 4			City			State	Zip Coo	le	
				1						
Previous	s Address 5			City			State	Zip Coo	le	
3. List :	all states and cour	nties you have liv	red in as an adult	. Attach	additiona	I sheets if necessary	y.			
State	County	State	County		State	County	State	County		
WI	MANITOWOC	State	Journey							
State	County	State	County		State	County	State	County		
	,					•		,		
	1		1							

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			
If yes to question 1, please list details of each convicti	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location	·t	Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
If yes to question 2, describe nature and status of persheets as needed.	ending charges using t	ne space below. Attach additiona	
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pen truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understaunder penalty of state law. I further understand that I m with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this business nd that any license iss ay be prosecuted for si	due to any involvement in anoth sued contrary to Wis. Stat. Chapt ubmitting false statements and aff false information on this applicat	er tier of the alcohol er 125 shall be void idavits in connection
signature Sal	ll)	Date /	2024

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Dat	9						
1.775	967	100	-	100		(1)	
100	07	- 1:		Z	1,7	1	

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
 members and agent of a limited liability company
- · all partners of a partnership

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

Part A	: Business Info	rmation							
_	Business Name (indi								
Roti	ary Club of	Two River	îs.						
2. Busin	ess Trade Name or D	ВА							
1	Type (check one)								
☐ S	ole Proprietor	Partnershi	p Limited	Liabilit	y Compa	ny 🔲 Corporat	on 🗹	Nonprofit (Organization
Part B	: Individual Info	rmation							
1. Last N	lame			2. Fi	rst Name				3. M.I.
Zim	merlee			J	effrey	,			T
4. Relati	onship to Business (1	itle)	5. Email					6. Phone	
Tre	asurer		jzimme	rlee	e@bank	first.com (920)			652-3403
7. Home	Address								
441	8 Deerfield	Ln							
8. City					9. State	10. Zip Code		11. Date of I	
	itowoc				WI	54220		12/15	
	ers License/State ID N					13. Drivers License/State ID State of Issuance			
Z56-	4-4387-2455-	-00				MI	MI		
Part C	: Address Histo	ry							
1. Do y	ou currently live in	Wisconsin?	T., I, . VIII. VA ACCO		.w.wa.w		v v sy		Yes No
If yes	s, provide the mont	h and year whe	en you permanently	/ move	ed to Wisc	consin ease		(M	M/YYYY) 12/2015
2. List i	n chronological ord	er all of your a	ddresses within the	last 5	years. A	tach additional sheet	s if necessa	ary.	
	Address 1	·					State	Zip Code	9
4418	Deerfield L	n		Manitowoc			WI	5422	0
Previous	Address 2						State	Zip Code	3
Previous	Address 3			City			State	Zip Code	9
Previous	Address 4			City			State	Zip Cod	e
Previous	Address 5			City			State	Zip Cod	e
3. List a	all states and count	ies you have liv	ved in as an adult.	Attach	additiona	al sheets if necessary			
State	County	State	County		State	County	State	County	
Wi	Manitowoc	WI	Milwaukee						
State	County	State	County		State	County	State	County	

Part D: Criminal History			
<u>-</u>			
Have you ever been convicted of any offenses (ex- for violation of any federal, Wisconsin, or another	state's laws or of any co	unty or municipal ordinances?	Yes V No
If yes to question 1, please list details of each con	viction below. Attach add	fitional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, ordinances?		····· 45 Qasanga · · · · · · · · · · · · · · · · · · ·	Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under p truthfully. I certify that I am not prohibited from part beverage industry as a restricted investor. I undersunder penalty of state law. I further understand that I with this application, and that any person who know to forfeit not more than \$1,000 if convicted. Signature	licipating in this busines stand that any license is I may be prosecuted for	s due to any involvement in anothe sued contrary to Wis. Stat. Chapte submitting false statements and affice	r tier of the alcoholer 125 shall be void davits in connection on may be required

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 06/13/2024

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
 members and agent of a limited liability company
- · all partners of a partnership

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

Part A:	Business Info	rmation							
	Business Name (indi								
Rota	ry Club of	Two Rivers							
2. Busine	ss Trade Name or D	BA							
3. Entity 7	Type (check one)								
☐ So	le Proprietor	Partnership	Limited L	Liabilit	y Compar	ny Corporation	V	Nonprofit C	rganization
Part B:	Individual Info	rmation							
1. Last Na	ame			2. Fir	st Name				3. M.I.
Brot	cke			De	eborah				L
4. Relatio	nship to Business (1	Title)	5. Email					6. Phone	
Secr	etary		dbrotc	ke@c	omcast	st.net (815)			762-5173
7. Home /									
2708	River Lane	3							
8. City	8. City				9. State	10. Zip Code		11. Date of E	
	Rivers				WI	54241		03/01	
	s License/State ID I					13. Drivers License/Sta	te ID Sta	te of Issuance	
В632	-1724-9581-	-03				MI			
Part C:	Address Histo	ry							
1. Do yo	u currently reside	in Wisconsin?	2012121212		50 100 110	Core ser an issue i i i i i i i	sor ex res sor	× 13 · 15 🗹	Yes No
If ves	to 1 above how le	ong have you con	tinuously lived in	Wisco	onsin orio	r to the date of applicati	nn?	Years	Months
, 555	to Taboro, now i	ong navo you con	ianaoaoiy nvoa m	111000	stroin prio	i to the date of applicati	017	5	
2. List in	chronological ord	ler all of your add	resses within the	last 5	years. At	tach additional sheets if	necess	ary.	-1
Previous				City			State	Zip Code	
Previous	Address 2			City			State	Zip Code	
Previous	Address 3			City			State	Zip Code	
									9
Previous	Address 4			City			State	Zip Code	
Previous	Address 5			City			State	Zip Code	
3. List al	ll states and count	ties you have live	d in as an adult. A	Attach	additiona	I sheets if necessary.			
State	County	State	County		State	County	State	County	
MI	Manitowoc	IL	Carroll						
State	County	State	County		State	County	State	County	
IL	DeKalb								

Part D: Criminal History 1. Have you ever been convicted of any offension for violation of any federal, Wisconsin, or and			
if you to manage the details of you	other state's laws or of any	county or municipal ordinances?	
If yes to question 1, please list details of eac		additional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
(O.1)			
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
 Are charges for any offenses currently pendi beverages) for violation of any federal, Wiscondinances? 	onsin, or another state's lav	vs or any county or municipal	hol Yes V No
sheets as needed.			
Part E: Attestation			
	nder penalty of law, I have	answered each of the above que	Na Maria
READ CAREFULLY BEFORE SIGNING: Un truthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I under penalty of state law. I further understand with this application, and that any person who to forfeit not more than \$1,000 if convicted.	n participating in this busir understand that any licens I that I may be prosecuted t	ness due to any involvement in and e issued contrary to Wis. Stat. Cha for submitting false statements and a	ther tier of the alcohol pter 125 shall be void affidavits in connection

-2-

AB-100 (N. 03-24)