_				
F	^	r	n	3
	v			

**AB-220** 

License(s) Requested

# **Temporary Alcohol Beverage License**

Municipality	

Fees

				License Fees	\$	10.0
Temporary "Class B" \	Vine	✓ Temporary Class	"B" Beer	Background Che	ck \$	
				Total Fees	\$	10.0
Part A. Organization Informa	4ian					
Part A: Organization Informa  1. Organization Name	uon					
Rotary Club of Two I	Rivers	<b>;</b>				
2. Organization Permanent Address PO box 272						
3. City Two Rivers  4. State VI						
6. Mailing Address (if different from per	rmanent a	ddress)				
7. FEIN 39-6089129		8. Date of Organization/Incor 02/08/23	poration	<ol> <li>State of Organiz</li> <li>Wisconsin</li> </ol>	ation/Incor	poration
10. Phone		11 Email		VVISCOTISITI		
(612) 840-7507		michael@stillbend	d.com			
12. Organization type (check one)		l.				
✓ Bona Fide Club	Church	☐ Fair Association	n/Agricultural Societ	y 🔲 Vetera	an's Orga	nization
☐ Lodge/Society ☐	Chambe	er of Commerce or similar (	Civic or Trade Orga	nization under ch	n. 181, Wi	s. Stats.
13. Is this organization required to h	nold a Wi	sconsin Seller's permit?		00• E •00 • STVG FOTEG	198761 - R [	Yes 🔽 N
14. Wisconsin Seller's Permit Number (	if applicat	ole)				
Part B: Individual Information	n					
List the name, title, and phone nu (Form AB-100) for each person lis				ation. Include ar	n Individua	al Questionna
Corporations must also include Ale	cohol Be	verage Appointment of Age	nt (Form AB-101).			
Last Name	First Na	ime	Title		Phone	
Swetlik	Denni	.s	President		(920)	905-3115
Zimmerlee	Jeff		Treasurer		(920)	901-7930
Ditmer	Michael		Agent		(612)	840-7507

Continued  $\rightarrow$ 

Brotcke

(815) 762-5173

Secretary

Deborah

Part C: Event Information						
1. Name of Event (if applicable)						
FRIDAY NIGHT CONCERT SERII	ES - CENTAI					
2. Dates of Operation			3. Hours of Op			
July 18, 2025			6:00 PM	- 9:30 P	<b>4</b>	
4. Premises Address 1700 Washington Street (Parks	& Rec) - 152	20 17th Street (Beach	Rotary Pa	villion)		
5. City			6. State	7. Zip Code		
Two Rivers			WI	54241		
8. County	9. Governing Munic	, , , ,	Village	10. Aldermanic Di	strict	
Manitowoc  11. Organizer of Event (if not the named applican						
Two Rivers Parks and Rec Department (920) 323-8622						
13. Organizer Website 14. Event Website						
https://www.two-rivers.org	g/parksrec	https://www.two	-rivers.	org/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 necessary.  The CLub will be selling out	s are kept. Desci of records may o ssary.	ribe all rooms within the build ccur only on the premises do	ding, includin escribed in th	g living quarters	s. Authorized	
Part D: Attestation						
Who must sign this application?						
one officer or director of the nonprofit o	rganization					
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.	
Ditmer		Michael			J	
Title	Email			Phone		
Club Agent	micha	el@stillbend.com		(612) 8	40-7507	
Signature Muchaul	the	_	Date	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		

Agent Type (check one)				
✓ Original (no fee) ☐ Successor (\$10 fee for r	municipal licens	ees only)		
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)     Rotary Club of Two Rivers				
2. Business Trade Name or DBA				
Z. Dasiness Trace Hairin of SDA				
Entity Type (check one)      Limited Liability Compar	ny 🗆	Corporation	✓ Nonprofit Organiz	ation
4. Alcohol Beverage Business Authorization (check one)	5. If successor	agent, provide Stat	e Permit or Municipal Retail L	icense Number
Municipal Retail License State Permit	WI			
6. Describe the reason for appointing a successor agent, if success	or is checked abo	ve.		
Part B: Agent Information				
1. Last Name Ditmer	2. First Name Michael			3. M.l. <b>J</b>
4. Email	Michael		5. Phone	
michael@stillbend.com				340-7507
6. Home Address				
2991 37th ST				
7. City		9. Zip Code	10. Age	
Two Rivers	WI	54241	ense/State ID State of Issuand	
11. Drivers License/State ID Number		WI	ense/State ID State of Issuant	ie .
D-356-5506-1132-09		MT		
Part C: Agent Questions				
Have you satisfied the responsible beverage server trais Submit proof of completion.	ning requireme	nt?		
				Yes No
Have you completed Form AB-100, Alcohol Beverage In Submit a completed Form AB-100 with this form.	ndividual Quest	ionnaire?		

 $Continued \longrightarrow$ 

Part D: Business Attestation			
corporation, nonprofit organization beverage activities on such premis on behalf of the entity. If I am apport I understand that I may be prosec	NING: I, the <b>Undersigned</b> , authorize the above-n, or limited liability company with full authority an ses. I certify that I am authorized by the above-nabinting a successor agent, I rescind all previous aguted for submitting false statements and affidavits s materially false information on this application ma	d control of the premises and med entity to authorize this ind ent appointments for this prem in connection with this applicat	of all alcohol ividual to act ises. Further, tion, and that
Last Name	First Name		M.I.
Swetlik	Dennis		J
Title	Email	Phone	-
President	dswetlik@charter.net	920-905-	3115
Signature	willell	Date (4/13/20%	2,4
Part E: Agent Attestation			
nonprofit organization, or limited li on the premises for the above-na and affidavits in connection with the	NING: I, the <b>Agent</b> , hereby accept this appointmer ability company and assume full responsibility for timed business. I further understand that I may be nis application, and that any person who knowingly feit not more than \$1,000 if convicted.	the conduct of all alcohol bever prosecuted for submitting fals	age activities e statements
Last Name	First Name		M.I.
Ditmer	Michael		J
Signature /// /		Date 06/13/2	_

Form		
Α	B-1	00

# Alcohol Beverage Individual Questionnaire

Date	
5010	

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.

Part A:	Business Inforr	nation						
	Business Name (indivi ary Club of '							
2. Busine	ess Trade Name or DB	A						
	Type (check one) ble Proprietor [	Partnership	D Limited	Liabil	ity Compa	ny 🗌 Corporat	tion 🔽	Nonprofit Organization
Part B:	Individual Infor	mation						
1. Last N	ame			2. F	irst Name			3. M.I.
Dit	mer			1	4ichael	_		J
4. Relation	onship to Business (Tit	e)	5. Email	-				6. Phone
Agei	nt for the C	lub	michae	el@s	tillbe	nd.com		(612) 840-7507
7. Home	Address							
299	1 37th Stree	t						
8. City					9. State	10. Zip Code		11. Date of Birth
Two	Rivers				WI	54241		04/12/1961
12. Drive	rs License/State ID Nu	mber				13. Drivers License	/State ID Stat	e of Issuance
Part C:	Address History	/						
						5455 - 104 -		Yes No
11 DO y	od carrently live in vi	AGGORGIT: III				1112 - A3 Fe - 100 Le 100	222 22. 222	
If yes	, provide the month	and year whe	n you permanentl	y mov	ed to Wisc	onsin	200 1 200 1/2/2/2	(MM/YYYY) 05/2018
2. List in	n chronological orde	r all of your ac	dresses within the	e last :	5 years. At	tach additional shee	ts if necessa	ary.
	Address 1			City			State	Zip Code
Previous	Address 2			City			State	Zip Code
Previous	Address 3			City			State	Zip Code
							Ciaio	2.0 0000
Previous	Address 4			City			State	Zip Code
1 1011040	, 1001000			Only			State	Zip Code
Previous	Address 5			City			State	Zip Code
	, (44,000			Oity			Otate	Zip Code
3. List a	II states and countie	s you have liv	ed in as an adult.	Attach	n additiona	I sheets if necessary	<i>I</i> .	
State	County	State	County		State	County	State	County
Mn	Hennipin	MN	Ramsey		MN	Dakota	State	Journa
State	County	State	County		State	County	State	County
	•						0.0.0	300000
	1							

Part D: Criminal History						
Have you ever been convicted of any offenses (exc for violation of any federal, Wisconsin, or another st	ate's laws or of any cou	nty or municipal ordinances?.	Yes No			
If yes to question 1, please list details of each convi		ional sheets as needed.				
Law/Ordinance Violated  OWi	Location Manitowoc		Conviction Date 2018			
Penalty Imposed	-	Man nontoneo es mulata do				
fine/alcohol class		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			
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?						
Part E: Attestation						
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						
(then) INM		06/10	7/2025			

Form		
Δ	B-1	00

## **Alcohol Beverage Individual Questionnaire**

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:	<b>Business Info</b>	rmation							
-	Business Name (ind								
	RY CLUB OF		5						
2. Busine	ss Trade Name or E	)BA							
3 Entity 7	Гуре (сћеск опе)								
	le Proprietor	Partnership	☐ Limited L	.iabilitv	/ Compan	y Corporation		Nonprofit C	rganization
					<u> </u>				
Part B:	Individual Info	ormation							
1. Last Na	ame			2. Fire	st Name				3. M.I.
SWEI	LIK			DE	ENNIS				J
4. Relatio	nship to Business (	Title)	5. Email				1	6. Phone	
OFFICER dswetl			ik@c	harter	net.		(920)	905-3115	
7. Home	Address								
4614	l Columbus	St							
8. City				1	9. State	10. Zip Code		11. Date of E	
	Rivers				WI	54241		11/10	
1 = 1 = 111 = 1	rs License/State ID					13. Drivers License/State ID State of Issuance			•
5342	2-1705-5410	-02				WI			
Part C:	Address Histo	ory							
1. Do yo	ou currently reside	e in Wisconsin? .		61 E + 4	e-90-9-16-			× 1801	Yes No
				140			·	Years	Months
If yes	to 1 above, now	long have you co	ntinuousiy iivea in	VVISCO	onsin prio	r to the date of applicat	ion /	68	7
2 Liet in	a obranalogical or	der all of your ad	draceae within the	last 5	voore At	tach additional sheets i	f necessa	nv	
	Address 1	der all or your ad	diesses willin the	City	years. At	laci additional shoots i	State	Zip Code	
Fievious	Address			City					
Denders	Address			City			State	Zip Code	
Previous	Address 2			City			State	Zip Code	
Dravious	Address 3			City			State	Zip Code	
rievious	Address 3			City			Otato	Zip Couc	
Dravious	Address 4			City			State	Zip Cod	e
Fievious	Addiess 4			Oity			Oldio	2.0 504	
Previous	Address 5			City			State	Zip Cod	e
0.11-1	M - 4-4	Managara base Co	ad in an on adult	Attack		al abouts if nonnegative			
3. List a				Auscn		al sheets if necessary.			
State	County	State	County		State	County	State	County	
MI	MANITOWOC		_						
State	County	State	County		State	County	State	County	

Continued →

Part D: Criminal History						
Have you ever been convicted of any offenses for violation of any federal, Wisconsin, or anoth	er state's laws or of any coun	ty or municipal ordinances?	) Yes 🗹 No			
If yes to question 1, please list details of each of	conviction below. Attach addition	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		Conviction Date			
Penalty Imposed	- L	Was sentence completed?	Yes No			
Part E: Attestation						
READ CAREFULLY BEFORE SIGNING: Und truthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I un under penalty of state law. I further understand t with this application, and that any person who to forfeit not more than \$1,000 if convicted.	participating in this business derstand that any license iss hat I may be prosecuted for se	due to any involvement in anoth ued contrary to Wis. Stat. Chap ubmitting false statements and at	ner tier of the alcohol ster 125 shall be void ffidavits in connection ation may be required			
James of me	Mes		2024			

#### Form **AB-100**

## **Alcohol Beverage Individual Questionnaire**

06/11/2025

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 alc	ohol beverage ap	plication or rene	wal is not complete	until :	all require	ed Individual Question	nnaires are	submitted	
Part A	: Business Info	ormation				*	<u></u>	Albert 30.000.4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
-	Business Name (in					and the second of the second s	***************************************		
	ary Club of		S				~~ ~~		
2. Busin	ess Trade Name or	DBA							
	Type (check one)			1. 2. 325¥	_				in the second second sector of the sec
	ole Proprietor	Partnership	C Limited L	Liability	/ Compar	y Corporati	on 🗹	Nonprofit C	rganization
Part B	: Individual Inf	ormation	**************************************				·	·····	
1. Last N				2. Fir	st Name	CONTROL CONTRO			3. M.I.
Zim	merlee			Je	effrey				T
4. Relati	onship to Business	(Title)	5. Email			· · · · · · · · · · · · · · · · · · ·	·····	6. Phone	
1				rlee	@bank:	irst.com		(920)	652-3403
7. Home	Address	andaminahandahan Ancongo (edu disaminahan majahan ajaka (edu disaminahan majahan ajaka (edu disaminahan disami				######################################			
441	8 Deerfield	l Ln							
8. City					9. State	10. Zip Code		11. Date of B	Sirth
Man	itowoc			- Angelogen	WI	54220	54220 12/15		
12. Dnve	ers License/State ID	Number	**************************************	13. Drivers License/State ID State			e of Issuance	)	
256	4-4387-2455	i-00		WE					
1							egonosegge nengramondáirinn maktanda itri		
Part C	: Address Hist	OTV	*****			White-mines of the state of the		· · · · · · · · · · · · · · · · · · ·	- Andrewson of the Control of the Co
							and the second		Yes No
,,,,,	was was successful states to				*******			Source	***************************************
If yes	s, provide the moi	nth and year whe	n you permanently	move	d to Wisc	onsin	E		M/YYYY) 12/2015
2   ist i	n chronological o	rder all of your ar	Idresses within the	last 5	vears At	tach additional sheet	s if necess		*** / ****
	Address 1	idai dii di yodi di		City	y 0 001 00 7 10	worr downtrial crites	State	Zip Code	<b>.</b>
	Deerfield	Ton		Manitowoc			WI	5422	
	Address 2			City			State	Zip Code	
rievious	Mudiess 2			City			Jaco	I E IP COME	21
Previous	Adoress 3			City	w logs , as	Yannin manufashin Markan	State	Zip Code	100
				1			objective and	,	
Previous	Address 4			City	v/**/f/fich/dobbaniasis/monanidro-eni	observingskin Vindoodsoonskoonskingsroom argungsroomssoonssoonse suuring	State	Zip Cod	e
							organism of the second		
Previous	s Adcress 5			City			State	Zip Cod	<del>\</del>
		······································			a seed to the seed of the seed				
3. List	all states and cou	nties you have liv	/ed in as an adult. /	Attach	additions	I sheets if necessary	•		
State	County	State	County		State	County	State	County	
Wi	Manitowoc	WI	Milwaukee						mander summer John Loude Joseph Wei St. W. Warnesser St.
State	County	State	County		State	County	State	County	
-		İ					4.00	OA Aerin	

Part D: Criminal History				
Have you ever been convicted of any offenses (excluded for violation of any federal, Wisconsin, or another state)	ling traffic offenses ur e's laws or of any cou	nless related to alcohol beverages) nty or municipal ordinances?	Yes No	
If yes to question 1, please list details of each convicti	on below. Attach addi	tional 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	Penalty Imposed  Was sentence completed?			
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of persheets as needed.	another state's laws o	r any county or municipal	. Yes V No	
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 knowings to forfeit not more than \$1,000 if convicted.  Signature	ating in this business If that any license iss If the prosecuted for si	due to any involvement in anothe ued contrary to Wis. Stat. Chapte thmitting false statements and affin	er 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 into	rmation								
	Business Name (inc ary Club of									
			5							
2. Busin	ess Trade Name or I	DBA								
3. Entity	Type (check one)									
☐ Se	ole Proprietor	☐ Partnership	Limited	Liabilit	y Compa	ny Corporation	n 🗹	Nonprofit (	Organization	
	: Individual Inf	ormation								
1. Last N	lame			2. Fi	rst Name				3. M.I.	
Bro	tcke			De	eborah				L	
4. Relati	onship to Business (	(Title)	5. Email					6. Phone		
Secretary dbroto			ke@c	comcas	t.net		(815)	762-5173		
7. Home	Address									
270	8 Ríver Lan	е								
8. City					9. State	10. Zip Code		11. Date of B	Birth	
Two	Rivers				IW	54241		03/01	/19	
12. Drive	ers License/State ID	Number				13. Drivers License/State ID State of Issuance				
В63	2-1724-9581	-03				WI				
Part C	: Address Hist	ory								
1. Do y	ou currently reside	e in Wisconsin? .	569 + + + + 50 + 665 + 657 +	904 (0.40%)	9 27 × 20 × 30		-000-00-00		Yes No	
If yes	s to 1 above, how	long have you co	ontinuously lived in	ı Wisc	onsin prio	r to the date of applica	ition?	Years 5	Months	
2. List i	n chronological or	der all of vour ad	dresses within the	last 5	vears. At	tach additional sheets	if necess			
	Address 1					State				
				3.0						
Previous	Address 2			City State			Zip Code			
Previous	Address 3			City State Zip			Zip Code	Zip Code		
Previous	Address 4			City			State	Zip Cod		
11041000	7 (daress 4			Oity			Otato	Zip Cou		
Previous	Address 5			City State :			Zip Cod	e		
				1						
3. List a	all states and cour	nties you have liv	ed in as an adult.	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									

Continued  $\longrightarrow$ 

Part D: Criminal History	174114-219			
Have you ever been convicted of any offer for violation of any federal, Wisconsin, or				<b>☑</b> No
If yes to question 1, please list details of e	each conviction below. Attach addit	ional sheets as needed.		
Law/Ordinance Violated	Location		Conviction I	Date
Penalty imposed	l.	Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	☐ No
Law/Ordinance Violated	Location	- I.	Conviction [	Date
Penalty Imposed		Was sentence completed?	Yes	☐ No
ordinances?			Yes	₩ No
Part F: Attestation		No. Constitution and the Constitution of the C		
Part E: Attestation  READ CAREFULLY BEFORE SIGNING: truthfully. I certify that I am not prohibited f beverage industry as a restricted investor under penalty of state law. I further understawith this application, and that any person was to forfeit not more than \$1,000 if convicted.	from participating in this business I understand that any license iss and that I may be prosecuted for su who knowingly provides materially	due to any involvement in anothe ued contrary to Wis. Stat. Chapte ibmitting faise statements and affi	er tier of the er 125 shall davits in con	alcohol be void nection