-	 	

AB-220

License(s) Requested

Temporary Alcohol Beverage License

Municipality		
' '		

Fees

			License Fees	\$	10.00
☐ Temporary "Class B" W	ine 🗹 Temporary	Class "B" Beer	Background Ch	eck \$	
			Total Fees	\$	10.00
Part A: Organization Informati	on				
1. Organization Name					
Rotary Club of Two R	ivers				
2. Organization Permanent Address PO BOX 272					
3. City Two Rivers			4. State	5. Zip Code 54241	
6. Mailing Address (if different from pern	nanent address)				
7. FEIN	8. Date of Organizati	on/Incorporation	9. State of Organi	ization/Incorpoi	ration
39-6089129	02/08/23	,	Wisconsin		
10. Phone 11. Email michael@stillbend.com					
(612) 840-7507	michael@st	illbend.com			
12. Organization type (check one)					
		ociation/Agricultural Soc	•	ran's Organiz	
Lodge/Society (Chamber of Commerce or s	similar Civic or Trade Or	ganization under c	h. 181, Wis. 9	Stats.
13. Is this organization required to ho	old a Wisconsin Seller's peri	mit?	· 5030 (924) = 9240 0		Yes 🗹 No
14. Wisconsin Seller's Permit Number (if	applicable)				
NA					
Part B: Individual Information					
List the name, title, and phone num (Form AB-100) for each person liste	ber for all officers, directors d below. Attach additional s	s, and agent of the orga sheets if necessary.	inization. Include a	ın Individual (Questionnaire
Corporations must also include Alco	hol Beverage Appointment	of Agent (Form AB-101).		
Last Name	First Name	Title		Phone	
Swetlik	Dennis	President		(920) 9	05-3115
Zimmerlee	Jeff	Treasurer		(920) 9	01-7930
Ditmer	Michael	Agent		/612\ P	40_7507

 $Continued \rightarrow$

(612) 840-7507

(815) 762-5173

Brotcke

Agent

Secretary

Michael

Deborah

B 4 6 E 41 4 4					
Part C: Event Information					
Name of Event (if applicable) BANDS ON THE BEACH					
2. Dates of Operation			3. Hours of Oper	ation	
August 3 2025			12:00 PM	i - 6:00 I	PM .
4. Premises Address 1700 Washington Street (Parks	& Rec) - 152	20 17th St (Neshotah	Beach Rota	ary 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 applicar	nt)	12. Email and/or Phone Numb	er for Organizer	of Event	
Two Rivers Parks and Rec	Department	(920) 323-8622			
13. Organizer Website	-	14. Event Website			
https://www.two-rivers.or	g/parksrec	https://www.two	-rivers.c	rg/parks:	rec
15. Premises Description - Describe the buil stored, or consumed, and related record alcohol beverage activities and storage or diagram and additional sheets if nece The Club will be selling from Neshotah Beach	ds are kept. Descr of records may of essary.	ribe all rooms within the buil ccur only on the premises d	ding, including escribed in this	living quarters application. A	s. Authorized attach a map
Part D: Attestation					
Who must sign this application?					
one officer or director of the nonprofit of	organization				
READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that the to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I unbe deemed a refusal to allow inspection. Such that any license issued contrary to Wis. Stop be prosecuted for submitting false stateme provides materially false information on this	n behalf of the ap- ne rights and responserate according inderstand that lack Such refusal is a reat. Chapter 125 sl ints and affidavits in	plicant organization and not onsibilities conferred by the to the law, including but not k of access to any portion of misdemeanor and grounds for hall be void under penalty of in connection with this applic	on behalf of ar license(s), if gr. limited to, pure a licensed prer or revocation of state law. I fure ation, and that	ny other indivion anted, will not chasing alcohon nises during in f this license. ther understar any person wh	dual or entity be assigned bl beverages spection will I understand and that I may
Last Name		First Name			M.I.
Ditmer		Michael			J
Title	Email			Phone	
Club Agent	micha	el@stillbend.com		(612) 8	40-7507
Signature Mahal	Thr	=	Date	06/11/202	5
Part E: For Clerk Use Only		T			
Date Application Was Filed With Clerk		License Number			
Date License Granted		Date License Issued			
Signature of Clerk/Deputy Clerk		1			

Form AB-101

Alcohol Beverage Appointment of Agent

Date		

Agent Type (check one)					
✓ Original (no fee) ☐ Successor (\$10 fee for m	nunicipal licens	ees only)			
Part A: Business Information 1. Legal Business Name (individual name if sole proprietor)					-
Rotary Club of Two Rivers					1
Business Trade Name or DBA					
3. Entity Type (check one) Limited Liability Compan	у 🗆	Corporation	✓ Nonprofit Orga	anization	
4. Alcohol Beverage Business Authorization (check one)	5. If successor	agent, provide Stat	te Permit or Municipal Reta	ail License Number	г
Municipal Retail License State Permit 6. Describe the reason for appointing a successor agent, if successor	WI				
Part B: Agent Information	O First Name			0.841	
1. Last Name Ditmer	2. First Name Michael			3. M.I. J	1
4. Email	MICHGE.		5. Phone		-
michael@stillbend.com			(612)	840-7507	
6. Home Address 2991 37th ST					
7. City	8. State	9. Zip Code	10. Age		\dashv
Two Rivers	WI	54241	63		
11. Drivers License/State ID Number		12. Drivers Lic	ense/State ID State of Issu	ance	
D-356-5506-1132-09		WI			
Part C: Agent Questions 1. Have you satisfied the responsible beverage server train Submit proof of completion.	ning requireme	nt?	. 100 - 20 - 20 - 100 - 20 - 20	✓ Yes □ N	10
Have you completed Form AB-100, Alcohol Beverage In Submit a completed Form AB-100 with this form.	dividual Quest	ionnaire?	a 68+81*18*+80*33****	✓ Yes □ N	No
Have you been a Wisconsin resident for at least 90 cont See instructions for exceptions.	inuous days?	10122122122	u - 5.4 - 5.4 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5 - 5.5	✓ Yes □ N	10

 $Continued \longrightarrow$

READ CAREFULLY BEFORE SIGNING: I, the Ur corporation, nonprofit organization, or limited liab beverage activities on such premises. I certify that on behalf of the entity. If I am appointing a success I understand that I may be prosecuted for submitted any person who knowingly provides materially false if convicted. Last Name Swetlik Title President Signature Signature	pility company with full authority and coat I am authorized by the above-named as or agent, I rescind all previous agent at ting false statements and affidavits in one information on this application may be prize the property of the prope	entrol of the premises and of entity to authorize this indivappointments for this premis onnection with this application e required to forfeit not more to the premise and the same to	f all alcohol ridual to act es. Further, on, and that
Swetlik Title President Signature	Dennis	Phone	
Title President Signature	ail		J
President ds	574300 SER 51 TI		
Signature	wetlik@charter.net	020_005_3	
	11 /	920-903-3	115
		Date (4/3/202	,7
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Ag nonprofit organization, or limited liability company on the premises for the above-named business, and affidavits in connection with this application, a application may be required to forfeit not more that	/ and assume full responsibility for the or I further understand that I may be pro and that any person who knowingly pro-	conduct of all alcohol bevera secuted for submitting false	ge activities statements
Last Name	First Name		M.I.
Ditmer	Michael		J
Signature Mind I	L	Date 06/13/24	

Save

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P	'n	Ĩ	r	ì
•		-	-	•

Clear

Form AB-100

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				
Legal Business Name (individual name if sole proprietor)				
Rotary Club of Two Rivers				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation	V	Nonprofit O	rganization	
Part B: Individual Information				
1. Last Name 2. First Name			3. M.I.	
Ditmer Michael	Ditmer Michael			
Relationship to Business (Title) 5. Email 6. Phone				
Agent for the Club michael@stillbend.com		(612)	840-7507	
7. Home Address				
2991 37th Street				
8. City 9. State 10. Zip Code	1	1. Date of Bi	rth	
Two Rivers WI 54241		04/12	/1961	
12. Drivers License/State ID Number 13. Drivers License/State ID	13. Drivers License/State ID State of Issua			
·				
Part C: Address History				
1. Do you currently live in Wisconsin?	0.2000.2	V	∕es □ No	
		45		
If yes, provide the month and year when you permanently moved to Wisconsin	n. anan. i	2 . 202	1/YYYY) 05/2018	
			75/2016	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if nec	essar	-		
Previous Address 1 City Si	tate	Zip Code		
Previous Address 2 City Si	tate	Zip Code		
Previous Address 3 City Si	tate	Zip Code		
Previous Address 4 City Si	tate	Zip Code		
Previous Address 5 City	tate	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.				
State County State County State County S	tate	County		
Mn Hennipin MN Ramsey MN Dakota				
	tate	County		

Part D: Criminal History					
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)				. 🔽 Yes	☐ No
If yes to question 1, please list details of each convicti	on below. Attach addit	ional sheets as	needed.		
Law/Ordinance Violated	Location			Conviction	Date
owi	Manitowoc			20	18
Penalty Imposed			1.4.10		
fine/alcohol class		vvas senten	ce completed?	✓ Yes	∐ No
Law/Ordinance Violated	Location	**		Conviction	Date
Penalty Imposed		Was senten	ce completed?	Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senten	ce completed?	Yes	☐ No
ordinances?			w. Attach additional	. Yes	✓ No
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understan 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.	rating in this business and that any license iss ay be prosecuted for su	due to any invued contrary to the state of t	olvement in another o Wis. Stat. Chapte statements and affid	r tier of the r 125 shall lavits in con	alcohol be void inection
Signature Mind July			Date 06/10)/2025	

Form		
Δ	B-1	00

Alcohol Beverage Individual Questionnaire

Date	
Date	

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 Inform	nation							
_	Business Name (individ ARY CLUB OF T								
2. Busine	ess Trade Name or DB	Ą							
	Type <i>(check one)</i> ble Proprietor [☐ Partnership	Limited	Liability	y Compar	y Corporati	on 🗾	Nonprofit (Organization
Part B	: Individual Infor	mation							
1. Last N	ame			2. Fir	st Name				3. M.I.
SWET	LTIK			DI	ENNIS				J
4. Relationship to Business (Title) 5. Email							6. Phone		
OFFICER dswetlik@charter.net						(920)	905-3115		
7. Home									
	4 Columbus St	-			0.01-1-	10. Zip Code		11. Date of I	Pidh
8. City	.City Two Rivers				9. State WI	54241		11/10	
	ers License/State ID Nu	mber			AAT	13. Drivers License/	State ID State		
	2-1705-5410-(WI			
D-+0	. A								
	: Address Histor								Yes No
1. Do y	ou currently reside if	n vvisconsin?		\$. S. F.		61 x 60 x 500 x 62 x 1 500 x 62 x 1 x 60 x 700 x	90 +000 + 90 + 90 + +0	· · · · · ·	Yes No
If yes	s to 1 above, how lo	ng have you co	ontinuously lived i	in Wisc	onsin prio	r to the date of applic	cation?	Years 68	Months 7
2. List i	n chronological orde	r all of your ac	Idresses within th	e last 5	years. At	tach additional shee	ts if necessa	ıry.	
Previous	Address 1			City			State	Zip Code	Э
Previous	Address 2			City			State	Zip Code	9
Previous	Address 3			City		State	Zip Cod	e	
Previous	s Address 4			City			State	Zip Coo	le
Previous	s Address 5					State	State Zip Code		
- TOTIOGE									
3. List a	all states and counti	es you have liv	red in as an adult	. Attach	additiona	al sheets if necessary	/.		
State	County	State	County		State	County	State	County	
WI	MANITOWOC								
State	County	State	County		State	County	State	County	
		1			-				

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 conviction	on 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		Was sentence completed?	. Yes No
If yes to question 2, describe nature and status of pe sheets as needed.	ending charges using the	ne space below. Attach additiona	
<u></u>			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understar 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.	pating in this business nd that any license iss ay be prosecuted for su	due to any involvement in anothoused contrary to Wis. Stat. Chaptolibmitting false statements and aff	er tier of the alcohol er 125 shall be void idavits in connection
signature (5 me		Date 2	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

Part 4	: Business Informat	on			BLUA-000-0000-7-40-000 -2000-0000-0000	× ××××××××××××××××××××××××××××××××××××			+20.000.000.000.000.000.000.000.000.000.
	Business Name (individual		ale congretora			Angled and restriction of the Angled Angles and the Control of the Angles and the Control of the			· · · · · · · · · · · · · · · · · · ·
	ary Club of Two								
	ness Trade Name or DBA	********	66. \$0.7				to Jodini milan anananango ka sakanangan sakanang		r angowatáteri y
z. ousn	iess flade Name of DOA								
3. Entity	/ Type (check one)	oddin, odradnenim, nootimnaanda, maanene		UK NIP 1		imm.pp		- Ax	
	iole Proprietor 🔲 F	artnershi	p [] Limited	Liabilit	y Compar	ny 🔲 Corpor	ration 🗵	Nonpro	ofit Organization
	**		ornecesor fac indoor a fallence or scorrectionness or samples approximation of part		and the same of th		000-0-9 -40-400420-17 (2010000001-17-17)		**************************************
Part E	3: Individual Informat	ion	a santana da		THE SHOOMS CONTRACT C	ine in a section of the section of t	***************************************		11
1. Last	Name	10-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	**************************************	2. Fr	st Name	**************************************	~	**************************************	3. M.L.
Zin	merlee			Je	effrey				T
4. Relai	ionship to Business (Title)		5. Email				* WAS AND PARTY.	6. Phon	e
	asurer		jzimme	rlee	@banki	Eirst.com		(920)) 652-3403
	Address	m manning of the state of the s				and reconstruction and the second	nedejábalásásásásásásásásásásásásásásásásásásás		******
441	8 Deerfield Ln								
8. City					9. State	10. Zip Code	annengaleum anner sjeldlichthalthalt.	11, Date	of Birth
	itowoc				WI	54220			/15/19
12. Driv	ers License/State ID Numbe	ır				13. Drivers Licens	ivers License/State ID State of Issuance		
	4-4387-2455-00				WI				
						WI			
			Milijana, A. Jaja, Allahadda bahadda, Addanada, antisseessa saata saata saata saata saata saata saata saata sa			WT.	**************************************		- III
								Wagers and the department (1995)	g gandell for willings to graph gallering and the first
	: Address History			noodenicoseccinique (* 1848)				*** general ingelige days (500)000	Constitution and the second se
		onsin?	*****	\$ 2 \$ \$ \$ \$				X + 4 + 6	✓ Yes □ No
1. Doy	: Address History ou currently live in Wisco								✓ Yes ☐ No
1. Doy	: Address History								Samuel Samuel
1. Doy	: Address History ou currently live in Wisco	year who	en you permanently	move	d to Wisc	onsin			(MM/YYYY)
1. Doy If ye 2. List	: Address History you currently live in Wiscons, provide the month and	year who	en you permanently	move	d to Wisc	onsin		ary.	(MM/YYYY) 12/2015
1. Do y If ye 2. List Previou	c: Address History You currently live in Wiscons, provide the month and in chronological order alics Address 1	year who	en you permanently	move	years. At	onsintach additional she	eets if necess	ary.	(MM/YYYY) 12/2015
1. Do y If ye 2. List Previou 4418	: Address History you currently live in Wisco s, provide the month and in chronological order ali	year who	en you permanently	last 5	d to Wisc	onsintach additional she	eets if necess	ary.	[(MM/YYYY) 12/2015 Code 220
1. Do y If ye 2. List Previou 4418	C: Address History You currently live in Wiscons, provide the month and in chronological order ali s Address 1 Deerfield Ln	year who	en you permanently	move	years. At	onsintach additional she	eets if necess	ary.	[(MM/YYYY) 12/2015 Code 220
1. Do y If ye 2. List Previou 4418	c: Address History You currently live in Wiscons, provide the month and in chronological order alics Address 1 Deerfield Ln s Address 2	year who	en you permanently	last 5 City Mar	years. At	onsintach additional she	eets if necess State WI State	ary. Zip (54 Zip ((MM/YYYY) 12/2015 Code 220 Code
1. Do y If ye 2. List Previou 4418	C: Address History You currently live in Wiscons, provide the month and in chronological order ali s Address 1 Deerfield Ln	year who	en you permanently	last 5	years. At	onsintach additional she	eets if necess	ary.	(MM/YYYY) 12/2015 Code 220 Code
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1. Do y If ye 2. List Previou 4418 Previou Previou Previou 3. List State	c: Address History You currently live in Wiscons, provide the month and in chronological order alices Address 1 Deerfield Lines Address 2 S Address 3 S Address 4 S Address 5 all states and counties you county	of your a	ddresses within the	last 5 City Mar City City City	years. At	onsintach additional she	State State State State State	zip ([(MM/YYYY) 12/2015 Code 220 Code Code Code

D. A.D. O.L. A. MILL			
Part D: Criminal History			
Have you ever been convicted of any offenses (excluing for violation of any federal, Wisconsin, or another state)	e's laws or of any cour	ity or municipal ordinances?	. Yes 🗹 No
If yes to question 1, please list details of each convicti	ion below. Attach addit	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	1	Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or ordinances? If yes to question 2, describe nature and status of pesheets as needed.	another state's laws or	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 knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business of that any license issued to be prosecuted for su	due to any involvement in anothe sed contrary to Wis. Stat. Chapte hmitting false statements and affic	r tier of the alcohol r 125 shall be void

Form AB-100

Alcohol Beverage Individual Questionnaire

Date				
0	6/	13,	/20:	24

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 Inform	ation								
1. Legal	Business Name (individu	ual name if so	le proprietor)							
	ary Club of Tw									
	ess Trade Name or DBA									
3. Entity	Type (check one)									
☐ S	ole Proprietor	Partnership	p 🗌 Limited	Liabili	y Compa	ny 🔲 Corporat	tion 🔽] Nonprofit (Organization	
Part B	: Individual Inform	nation								
1. Last N	Name			2. Fi	rst Name				3. M.I.	
Bro	tcke			D	eborah				L	
4. Relati	elationship to Business (Title) 5. Email 6. Phone					6. Phone				
Secretary dbrotc				cke@c	comcas	t.net		(815)	762-5173	
7. Home	Address									
270	8 River Lane									
8. City					9. State	10. Zip Code		11. Date of E	Birth	
Two	Rivers				WI	54241		03/01	/19	
12. Drive	ers License/State ID Num	nber				13. Drivers License	/State ID Sta	State ID State of Issuance		
B63	2-1724-9581-03	3				WI				
_	ou currently reside in verside in versions to 1 above, how long								Yes Nonths	
2. Listi	n chronological order	all of your ac	dresses within th	e last 5	vears At	tach additional shee	ts if necess			
	Address 1			City	,		State	Zip Code		
Previous	s Address 2			City			State	Zip Code		
				J.,			- Ciaio	2.0000		
Previous	s Address 3			City	City			Zip Code	Zip Code	
				'''					Lip Gode	
Previous	s Address 4			City			State	Zip Code	<u> </u>	
					Oily			2.6 000	•	
Previous	Address 5			City			State	Zip Code	9	
					City			s Zip Code		
3 Lists	all states and counties	vou have liv	ed in as an adult	Attach	additions	l sheets if necessar	,		(C-5)	
State	County	State	County	. Auduli	State	County	/- State	County		
WI	Manitowoc	IL	Carroll		JIAIC	County	State	County		
State	County	State	County		State	County	State	County		
IL	DeKalb	Oldio	Country		Jacob	County	State	County		
T T1	nevaro									

Part D: Criminal History				
 Have you ever been convicted of any of for violation of any federal, Wisconsin, o 				✓ No
If yes to question 1, please list details of	each conviction below. Attach add	itional sheets as needed.		
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. Tyes	☐ No
Law/Ordinance Violated	Location	- f	Conviction I	Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location	I.	Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	☐ No
ordinances?			Yes	<u>V</u> No
Part F: Attactation				
Part E: Attestation READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibited beverage industry as a restricted investo under penalty of state law. I further unders with this application, and that any person to forfeit not more than \$1,000 if convicte	from participating in this business r. I understand that any license is stand that I may be prosecuted for s who knowingly provides materially	s due to any involvement in anothe sued contrary to Wis. Stat. Chapte submitting false statements and affic	r tier of the er 125 shall davits in con	alcohol be void nection