AB-220

# **Temporary Alcohol Beverage License**

| Municipality |  |  |  |
|--------------|--|--|--|
|              |  |  |  |

| License(s) Requested  |                         |                                |                         | Fees            |              |
|---|-------------------------|--------------------------------|-------------------------|-----------------|--------------|
|   |                         |                                | License Fees            | \$              | 10.00        |
| ☐ Temporary "Class B"   | Wine  Tem               | ✓ Temporary Class "B" Beer     |                         | ck \$           |              |
|   |                         |                                | Total Fees              | \$              | 10.00        |
|   |                         |                                |                         |                 |              |
| Part A: Organization Informa  | ation                   |                                |                         |                 |              |
| Organization Name   |                         |                                |                         |                 |              |
| Rotary Club of Two  | Rivers                  |                                |                         |                 |              |
| 2. Organization Permanent Address PO BOX 272                          |                         |                                |                         |                 |              |
| 3. City   |                         |                                | 4. State                | 5. Zip Code     |              |
| Two Rivers  |                         |                                | WI                      | 54241           |              |
| 6. Mailing Address (if different from po                              | ermanent address)       |                                |                         |                 |              |
| 7. FEIN   | 8. Date of Org          | anization/Incorporation        | 9. State of Organiz     | ation/Incorpora | ation        |
| 39-6089129  | 02/08/                  | 23                             | Wisconsin               |                 |              |
| 10. Phone (612) 840-7507  | 11. Email               | l@stillbend.com                |                         |                 |              |
| 12. Organization type (check one)                                     | morido                  | 16 5 1111 5 714 . 5 5 111      |                         |                 |              |
| ▶ Bona Fide Club  | Church  F               | air Association/Agricultural S | Society   Veter         | an's Organiza   | ation        |
| Lodge/Society   |                         | ce or similar Civic or Trade   | •                       | -               |              |
|   |                         |                                |                         |                 |              |
| 13. Is this organization required to                                  | hold a Wisconsin Seller | 's permit?                     |                         |                 | ∕es ✓ No     |
| 14. Wisconsin Seller's Permit Number                                  | (if applicable)         |                                |                         |                 |              |
| NA  |                         | _                              |                         |                 |              |
| Bort D. Individual Informatio   |                         |                                |                         |                 |              |
| Part B: Individual Information  |                         |                                |                         |                 |              |
| List the name, title, and phone nu (Form AB-100) for each person list |                         |                                | rganization. Include ar | ı Individual Q  | uestionnaire |
| Corporations must also include A                                      |                         | •                              | 101).                   |                 |              |
| Last Name   | First Name              | Title                          |                         | Phone           | =            |
| Swetlik   | Dennis                  | Presider                       | nt                      | (920) 9         | 05-3115      |
| Zimmerlee   | Jeff                    | Treasure                       | er                      | (920) 9         | 01-7930      |
| Ditmer  | Michael                 | Agent                          |                         | (612) 8         | 10-7507      |
| Brotcke   | Deborah                 | Secretar                       | су                      | (815) 7         | 52-5173      |
|   |                         |                                |                         |                 |              |

Continued  $\rightarrow$ 

| Part C: Event Information  |  |  |   |   |  |
|--|--|--|---|---|--|
| Name of Event (if applicable)  |  |  |   |   |  |
| BANDS ON THE BEACH   |  |  |   |   |  |
| 2. Dates of Operation  |  |  | 3. Hours of Op  |   |  |
| JULY 6, 2025   |  |  | 12:00 F   | PM - 6:00   | PM   |
| 4. Premises Address 1700 Washington Street (Parks  | s & Rec) - 152   | 20 17th Street (Beach  | Rotary Pa   | villion)  |  |
| 5. City  |  |  | 6. State  | 7. Zip Code   |  |
| Two Rivers   |  |  | WI  | 54241   |  |
| 8. County  Manitowoc   | 9. Governing Munic   |  | Village   | 10. Aldermanic D<br><b>NA</b>   | istrict  |
| 11. Organizer of Event (if not the named applica-  | nt)  | 12. Email and/or Phone Num   | ber for Organiz   | er 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.tw   | o-rivers  | org/parks   | rec  |
| 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. The Club will be selling from a tent adjacent to the Neshotah Beach Rotary Pavilion. Records will be kept with the President of the Club, Dennis Swetlik. Alcohol will be stored in the clubs locked storage unit.   |  |  |   |   |  |
| Part D: Attestation  |  |  |   |   |  |
| Who must sign this application?  |  |  |   |   |  |
| one officer or director of the nonprofit of the nonp      | organization   |  |   |   |  |
| READ CAREFULLY BEFORE SIGNING: truthfully. I agree that I am acting solely o seeking the license. Further, I agree that I to another individual or entity. I agree to of from Wisconsin-permitted wholesalers. I up be deemed a refusal to allow inspection. I that any license issued contrary to Wis. Stop prosecuted for submitting false statement provides materially false information on the  | in behalf of the ap<br>the rights and responerate according<br>inderstand that lac<br>Such refusal is a restat. Chapter 125 sents and affidavits | plicant organization and no onsibilities conferred by the to the law, including but no k of access to any portion of misdemeanor and grounds hall be void under penalty of in connection with this appli | t on behalf of<br>license(s), if go<br>t limited to, put<br>f a licensed profor revocation<br>of state law. I focation, and the | any other indivi-<br>granted, will not<br>urchasing alcoh-<br>emises during ir<br>of this license.<br>urther understal<br>at any person w | dual or entity be assigned of beverages aspection 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 of the signat | tu   |  | Date  | 06/11/202   | 5  |
| Dowt Er Ear Clark Has Only   |  |  |   |   |  |
| 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 |  |  |
|------|--|--|
| 2000 |  |  |
|      |  |  |
|      |  |  |

|   |  |                 |                     |                                       |               | _  |
|---|--|-----------------|---------------------|---------------------------------------|---------------|----|
| Agent Type (check one)  |  |                 |                     |                                       |               |    |
| ✓ Original (no fee)   | Successor (\$10 fee for m  | unicipal licens | ees only)           |                                       |               |    |
|   |  |                 |                     |                                       |               |    |
|   |  |                 |                     |                                       |               |    |
| Part A: Business Inform   |  |                 |                     |                                       |               |    |
| 1. Legal Business Name (individu  |  |                 |                     |                                       |               | 1  |
| Rotary Club of To<br>2. Business Trade Name or DBA  |  |                 |                     |                                       |               | -  |
| 2. Dusiness frage Name of DBA   |  |                 |                     |                                       |               |    |
| 3. Entity Type (check one)  | ☐ Limited Liability Company  | <i>'</i>        | Corporation         | ✓ Nonprofit Organ                     | ization       |    |
| 4. Alcohol Beverage Business Au   | thorization (check one)  | 5. If successor | agent, provide Stat | te Permit or Municipal Retail         | License Numbe | er |
| Municipal Retail Lice   |  | WI              |                     |                                       |               |    |
| 6. Describe the reason for appoin   | nting a successor agent, if successor  | is checked ab   | ove.                |                                       |               |    |
| Part B: Agent Information 1. Last Name Ditmer   | on   | 2. First Name   | 1                   |                                       | 3. M.I.<br>J  |    |
| 4. Email  |  | MICHAE.         | 1                   | 5. Phone                              |               |    |
| michael@stillben  | d.com  |                 |                     | (612)                                 | 840-7507      | ,  |
| 6. Home Address   |  |                 |                     |                                       |               |    |
| 2991 37th ST  |  |                 |                     |                                       |               |    |
| 7. City   |  | 8. State        | 9. Zip Code         | 10. Age                               |               |    |
| Two Rivers  |  | WI              | 54241               | 63                                    |               |    |
| 11. Drivers License/State ID Nur  |  |                 |                     | ense/State ID State of Issuar         | nce           | _  |
| D-356-5506-1132-  | -09  |                 | WI                  |                                       |               |    |
|   |  |                 |                     |                                       |               |    |
| Part C: Agent Question  |  |                 |                     |                                       |               |    |
|   | <b>s</b><br>sponsible beverage server traini                                     | ing requireme   |                     | · · · · · · · · · · · · · · · · · · · | ✓ Yes 🔲       | No |
| Have you satisfied the result of submit proof of completic submit s | <b>s</b><br>sponsible beverage server traìni<br>nn.                              |                 | nt?                 |                                       |               | No |
| Have you satisfied the result of submit proof of completic  | sponsible beverage server traini<br>on.<br>m AB-100, <i>Alcohol Beverage Inc</i> |                 | nt?                 |                                       |               |    |

Continued  $\rightarrow$ 

| READ CAREFULLY BEFORE SIGNING: I, it corporation, nonprofit organization, or limite beverage activities on such premises. I cert on behalf of the entity. If I am appointing a sill understand that I may be prosecuted for significant and person who knowingly provides material if convicted.  | ed liability company with full authority and outly that I am authorized by the above-name successor agent, I rescind all previous agen submitting false statements and affidavits in | control of the premises and of<br>the entity to authorize this indi-<br>t appointments for this premi-<br>connection with this applicat | of all alcohol vidual to act ses. Further, ion, and that |  |  |
|---|--|---|--|--|--|
| Last Name   | First Name   |   | M.I.   |  |  |
| Swetlik   | Dennis   |   | J  |  |  |
| Title   | Email  | Phone   |  |  |  |
| President   | dswetlik@charter.net   | 920-905-3   | 3115   |  |  |
| Signature Sall  | Coll College   | Date 4/13/203   | 4  |  |  |
| Part E: Agent Attestation   |  |   |  |  |  |
| READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , 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   | First Name   |   | M.I.   |  |  |
| Ditmer  | Michael  |   | J  |  |  |
| Signature Date 06/13/24   |  |   |  |  |  |

Part D: Business Attestation

| Save |  |
|------|--|
|------|--|

Print

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 Info      | rmation              |                   |            |              |  |                       |                   |               |
|-------------------------|----------------------|----------------------|-------------------|------------|--------------|--|-----------------------|-------------------|---------------|
| 1. Legal                | Business Name (ind   | ividual name if sole | proprietor)       |            |              |  |                       |                   |               |
| Rot                     | ary Club of          | Two Rivers           | 3                 |            |              |  |                       |                   |               |
| 2. Busine               | ess Trade Name or D  | )BA                  |                   |            |              |  |                       |                   |               |
|                         |                      |                      |                   |            |              |  |                       |                   |               |
| 3. Entity               | Type (check one)     |                      |                   |            |              |  |                       |                   |               |
| ☐ Sc                    | ole Proprietor       | ☐ Partnership        | Limited           | Liabili    | ty Compai    | ny 🗌 Corporat                                  | tion 🔽                | Nonprofit Organ   | nization      |
|                         |                      |                      |                   |            |              |  |                       |                   |               |
|                         | : Individual Info    | ormation             |                   | 1          |              |  |                       |                   |               |
| 1. Last N               |                      |                      |                   |            | rst Name     |  |                       | 3. 1              |               |
| Dit                     |                      |                      |                   | I N        | ichael       | -  |                       |                   | J             |
|                         | onship to Business ( | *                    | 5. Email          |            |              |  |                       | 6. Phone          |               |
|                         | nt for the           | Club                 | michae            | el@s       | tillbe       | nd.com   |                       | (612) 84          | 0-7507        |
| 7. Home                 |                      |                      |                   |            |              |  |                       |                   |               |
| 299                     | 1 37th Stre          | et                   |                   |            |              |  |                       |                   |               |
| 8. City                 |                      |                      |                   |            | 9. State     | 10. Zip Code                                   |                       | 11. Date of Birth |               |
|                         | Rivers               |                      |                   |            | WI           | 54241  |                       | 04/12/1           | 961           |
| 12. Drive               | ers License/State ID | Number               |                   |            |              | 13. Drivers License/State ID State of Issuance |                       |                   |               |
|                         |                      |                      |                   |            |              |  |                       |                   |               |
|                         |                      |                      |                   |            |              |  |                       |                   |               |
| Part C                  | : Address Histo      | ory                  |                   |            |              |  |                       |                   |               |
|                         |                      |                      |                   |            | 0.000.000.00 |  |                       | · · · · Yes       | □No           |
| ,                       |                      |                      |                   |            |              |  |                       |                   |               |
| If yes                  | s, provide the mon   | th and year when     | you permanently   | y mov      | ed to Wisc   | onsin  | - 600 - 663 - 669 - 6 | (MM/YY            | (YY)<br>(2018 |
|                         |                      |                      |                   |            |              |  |                       |                   | 2018          |
|                         |                      | der all of your add  | resses within the |            |              | tach additional shee                           | ts if necess          | ary.              |               |
| Previous                | Address 1            |                      |                   | City State |              | State  | Zip Code              |                   |               |
|                         |                      |                      |                   |            |              |  |                       |                   |               |
| Previous                | Address 2            |                      |                   | City Stat  |              |  | 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 a               | all states and coun  | ties you have live   | d in as an adult. | Attach     | additiona    | Il sheets if necessar                          | y.                    |                   |               |
| State                   | County               | * State              | County            |            | State        | County   | State                 | County            |               |
| Mn                      | Hennipin             | MN                   | Ramsey            |            | MN           | Dakota   |                       |                   |               |
| State                   | County               | State                | County            |            | State        | County   | State                 | County            |               |
|                         |                      |                      | -                 |            |              | ·  |                       |                   |               |
|                         | 1                    |                      |                   |            | 1            | 1  |                       |                   |               |

Continued  $\rightarrow$ 

| 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?   |   |   |   |   |                               |
| If yes to question 1, please list details of each conviction  | on below. Attach addition   | onal sheets as  | needed.   |   |                               |
| Law/Ordinance Violated  | Location  |   |   | Conviction I                                  | Date                          |
| owi   | Manitowoc   |   |   | 20  | 18                            |
| Penalty Imposed   | <u>'</u>  | 10/22 22 22 2   |   | ₩ Va=   |                               |
| fine/alcohol class  |   | vvas sentend  | ce completed?.  | ✓ Yes   | No                            |
| Law/Ordinance Violated  | Location  |   |   | Conviction I                                  | Date                          |
| Penalty Imposed   |   | Was sentend   | ce completed?   | Yes   | ☐ No                          |
| Law/Ordinance Violated  | Location  | I.  |   | Conviction I                                  | Date                          |
| Penalty Imposed   | 1   | Was sentend   | ce completed?   | Yes   | ☐ No                          |
| ordinances?   |   |   |   | Yes   | ₩ No                          |
| David Fr. Addressed in the  |   |   |   |   |                               |
| 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 understan under penalty of state law. I further understand that I ma with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. | ating in this business of<br>that any license issu<br>y be prosecuted for sul | due to any invued contrary to be before the best for the | olvement in anothe<br>o Wis. Stat. Chapte<br>statements and affic | r tier of the<br>r 125 shall<br>davits in cor | alcohol<br>be void<br>nection |
| Signature Milled Dith   | n   |   | Date 06/10  | 0/2025  |                               |

| Form |     |     |
|------|-----|-----|
| Α    | B-1 | 100 |

## **Alcohol Beverage Individual Questionnaire**

| 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 Info        | rmation             |   |                  |                  |                                    |               |               |             |
|------------|----------------------|---------------------|---|------------------|------------------|------------------------------------|---------------|---------------|-------------|
| •          | Business Name (ind   |                     |   |                  |                  |                                    |               |               |             |
| ROTA       | RY CLUB OF           | TWO RIVER           | 5                                       |                  |                  |                                    |               |               |             |
| 2. Busine: | ss Trade Name or I   | DBA                 |   |                  |                  |                                    |               |               |             |
|            |                      |                     |   |                  |                  |                                    |               |               |             |
| -          | Type (check one)     |                     | ——————————————————————————————————————  |                  | 0                | C 0                                | _ []          | V             |             |
| ∐ So       | le Proprietor        | Partnership         | Limited                                 | Liability        | Compan           | y Corporation                      | n Le          | Nonprofit O   | rganization |
|            |                      |                     |   |                  |                  |                                    |               |               |             |
|            | Individual Info      | ormation            |   |                  |                  |                                    |               |               | 0.161       |
| 1. Last Na |                      |                     |   |                  | st Name          |                                    |               |               | 3. M.I.     |
| SWEI       |                      |                     |   | DE               | NNIS             |                                    |               |               | J           |
|            | onship to Business ( | Title)              | 5. Email                                | 1 - 1 - 0 - i    |                  |                                    | 1             | 5. Phone      | 005_2115    |
| OFFI       |                      |                     | dswet.                                  | IIKec.           | nartei           | .net                               |               | (920)         | 905-3115    |
| 7. Home /  |                      | C+                  |   |                  |                  |                                    |               |               |             |
|            | Columbus             | St                  |   | 1.0              | 3. State         | 10. Zip Code                       | 1.            | 11. Date of B | irth        |
| 8. City    | Rivers               | 9.5                 |   | 1                | wI               | 54241                              |               | 11/10         |             |
|            | rs License/State ID  | Nicashau            |   |                  | AA T             | 13. Drivers License/S              | tate ID State |               |             |
|            |                      |                     |   |                  |                  | WI                                 |               |               |             |
| 5342       | 2-1705-5410          | -02                 |   |                  |                  | AAT                                |               |               |             |
|            |                      |                     |   |                  |                  |                                    |               |               |             |
| Part C:    | Address Hist         | ory                 |   |                  |                  |                                    |               |               |             |
| 1. Do yo   | ou currently resid   | e in Wisconsin?     |   | + + 90 + 000 + 0 | g • gg• gg • • i | 1001 (0.100 t) (0.100 t) (0.100 t) | 50 to 10 to   | V             | Yes No      |
| l <b>f</b> | to 1 above bow       | tong have you o     | antinuousky lived                       | in Wisco         | nein nrio        | r to the date of applic            | ation?        | Years         | Months      |
| n yes      | ito i above, now     | long have you or    | Millidously lived                       | III WISCC        | mani pilo        | to the date of applica             | anom:         | 68            | 7           |
| 2 List in  | a chronological o    | rder all of your ac | dresses within th                       | ne last 5        | vears. At        | tach additional sheets             | if necessa    | rv.           |             |
|            | Address 1            | dor an or your ac   | 1000000 1711111111111111111111111111111 | City             | , Dai 017 tt     |                                    | State         | Zip Code      |             |
| 11011000   | 11,000               |                     |   |                  |                  |                                    |               |               |             |
| Drovious   | Address 2            |                     |   | City             |                  |                                    | State         | Zip Code      |             |
| Fievious   | Addiess 2            |                     |   | Oity             |                  |                                    | 7.2.1         |               |             |
| Provious   | Address 3            |                     |   | City             |                  |                                    | State         | Zip Code      |             |
| Frevious   | Address 5            |                     |   | Uncy             |                  |                                    | 7.44.0        | p             |             |
| Provious   | Address 4            |                     |   | City             |                  |                                    | State         | Zip Code      | 2           |
| Flevious   | Addiess 4            |                     |   | Oity             |                  |                                    | - Clair       | 2.0 000       |             |
| Previous   | Address 5            |                     |   | City             | Dity Sta         |                                    | State         | e Zip Code    |             |
|            |                      |                     |   |                  |                  |                                    |               |               |             |
|            |                      |                     |   | . A.             | .1 1545          | data da Maria                      |               |               |             |
| 3. List a  | all states and cou   | nties you have liv  | ed in as an adult                       | t. Attach        |                  | al sheets if necessary.            |               |               |             |
| State      | County               | State               | County                                  |                  | State            | County                             | State         | County        |             |
| WI         | MANITOWOC            |                     |   |                  |                  |                                    |               |               |             |
| State      | County               | State               | County                                  |                  | State            | County                             | State         | County        |             |
|            |                      |                     |   |                  |                  |                                    |               |               |             |

Continued →

| Part D: Criminal History  |  |   |  |
|---|--|---|--|
| Have you ever been convicted of any off<br>for violation of any federal, Wisconsin, or  | r another state's laws or of any co  | unty or municipal ordinances?   | es)<br>Yes 🗹 No  |
| If yes to question 1, please list details of<br>Law/Ordinance Violated  | Location Location  | litional sneets as needed.  | 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   |
| ordinances?  If yes to question 2, describe nature an sheets as needed.   |  |   | nal  |
| Part E: Attestation   |  |   |  |
| READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibited beverage industry as a restricted investe under penalty of state law. I further under with this application, and that any persor to forfeit not more than \$1,000 if convictors. | d from participating in this busine<br>or. I understand that any license<br>stand that I may be prosecuted for<br>n who knowingly provides materia | ss due to any involvement in and<br>ssued contrary to Wis. Stat. Cha<br>submitting false statements and | other tier of the alcohol<br>apter 125 shall be void<br>affidavits in connection |
| Signature /   | relle  | Date  | 2024   |
|   |  |   |  |

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

## **Alcohol Beverage Individual Questionnaire**

| Date |                 |
|------|-----------------|
| OF   | FIR FRANCE      |
| 11.0 | V 7 7 7 7 7 7 3 |

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.

|  | A: Business Info  | rmation                                      |  |   |                                    |   |  |                                     |                         |
|--|---|--|--|---|------------------------------------|---|--|-------------------------------------|-------------------------|
| 1. Lega  | Business Name (indi   | ividual name if so                           | ole proprietor)                        |   |                                    |   |  |                                     |                         |
| -  | ary Club of   |  |  |   |                                    |   |  |                                     |                         |
|  | ness Trade Name or D  |  |  |   |                                    | -   |  |                                     |                         |
|  |   |  |  |   |                                    |   |  |                                     |                         |
| 3. Entity  | Type (check one)  |  |  |   |                                    |   |  |                                     |                         |
| ☐ S  | Sole Proprietor   | ☐ Partnershi                                 | p Limited                              | l Liabili                                   | ly Compa                           | ny 🗌 Corporat                                 | ion 🗸  | Nonprofit C                         | Organization            |
|  |   |  |  |   |                                    |   |  |                                     |                         |
| Part E   | 3: Individual Info  | rmation                                      |  |   |                                    |   |  |                                     |                         |
| 1. Last I  | Name  |  |  | 2. Fi                                       | rst Name                           |   |  |                                     | 3. M.l.                 |
| Zim  | merlee  |  |  | J   | effrey                             | 7   |  |                                     | Т                       |
| 4. Relat   | ionship to Business (1  | Title)                                       | 5. Email                               |   |                                    |   |  | 6. Phone                            |                         |
|  | asurer  | ·  | zimm                                   | erle  | e@bank                             | first.com                                     |  | (920)                               | 652-3403                |
|  | e Address   |  |  |   |                                    |   |  | , ,                                 |                         |
| 441  | 8 Deerfield   | Ln   |  |   |                                    |   |  |                                     |                         |
| 8. City  |   |  |  | -   | 9. State                           | 10. Zip Code                                  |  | 11. Date of 8                       | Birth                   |
| Man  | itowoc  |  |  |   | WI                                 | 54220   |  | 12/15                               | /19                     |
| 12. Driv   | ers License/State ID I  | Number                                       |  |   |                                    | 13. Drivers License                           | /State ID State of Issuance                      |                                     |                         |
| <b>Z</b> 56  | 4-4387-2455-  | -00  |  |   |                                    | WI  |  |                                     |                         |
|  |   |  |  |   |                                    |   |  |                                     |                         |
|  |   |  |  |   |                                    |   |  |                                     |                         |
| Part C   | : Address Histo   | ory  |  |   |                                    |   |  |                                     |                         |
|  |   |  | 8 · 255 · 65 · 10 · 85 · 5             | 365 51855 S                                 | NEX 5.5 • 6.6                      | : N • N : 5 S 5 N • • 135 S 5 N • • 1 N • • 1 | S • • 250 • • 25 • • 00 •                        |                                     | Yes No                  |
| 1. Do y  | ou currently live in  | Wisconsin?                                   |  |   |                                    |   |  | -                                   |                         |
| 1. Do y  | ou currently live in  | Wisconsin?                                   |  |   |                                    | consin  |  | (M                                  | Yes No M/YYYY) 12/2015  |
| 1. Do y  | you currently live in s, provide the mont   | Wisconsin?                                   | en you permanent                       | ly move                                     | ed to Wisc                         | consin  |  | (M                                  | M/YYYY)                 |
| 1. Do y If ye  | you currently live in<br>s, provide the mont<br>in chronological ord  | Wisconsin?                                   | en you permanent                       | ly move                                     | ed to Wisc                         |   | ts if necessa                                    | (M                                  | M/YYYY)<br>12/2015      |
| 1. Do y If ye 2. List i  | you currently live in<br>s, provide the mont<br>in chronological ord<br>s Address 1   | Wisconsin? ih and year who                   | en you permanent                       | ly move                                     | ed to Wisc                         | consin  | ts if necessa                                    | ary.                                | M/YYYY)<br>12/2015      |
| 1. Do y If ye  2. List i Previous 4418                                     | you currently live in s, provide the mont in chronological ord s Address 1  Deerfield L   | Wisconsin? ih and year who                   | en you permanent                       | ly move<br>le last 5<br>City<br>Ma:         | ed to Wisconia years. An           | consin  | ts if necessa<br>State<br>WI                     | Ary. Zip Code 5 4 2 2               | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye  2. List i Previous 4418                                     | you currently live in<br>s, provide the mont<br>in chronological ord<br>s Address 1   | Wisconsin? ih and year who                   | en you permanent                       | ly move                                     | ed to Wisconia years. An           | consin  | ts if necessa                                    | ary.                                | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4418 Previous                             | you currently live in s, provide the mont in chronological ord s Address 1 Deerfield L s Address 2  | Wisconsin? ih and year who                   | en you permanent                       | ly move<br>le last 5<br>City<br>Ma:<br>City | ed to Wisconia years. An           | consin  | ts if necessa<br>State<br>WI<br>State            | Zip Code  Zip Code  Zip Code        | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4418 Previous                             | you currently live in s, provide the mont in chronological ord s Address 1  Deerfield L   | Wisconsin? ih and year who                   | en you permanent                       | ly move<br>le last 5<br>City<br>Ma:         | ed to Wisconia years. An           | consin  | ts if necessa<br>State<br>WI                     | Ary. Zip Code 5 4 2 2               | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4418 Previous                             | you currently live in s, provide the mont in chronological ord s Address 1 Deerfield L s Address 2 s Address 3  | Wisconsin? ih and year who                   | en you permanent                       | le last 5 City Ma: City City                | o years. A                         | consin  | ts if necessary State WI State State             | Zip Code Zip Code Zip Code          | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4418 Previous                             | you currently live in s, provide the mont in chronological ord s Address 1 Deerfield L s Address 2  | Wisconsin? ih and year who                   | en you permanent                       | ly move<br>le last 5<br>City<br>Ma:<br>City | o years. A                         | consin  | ts if necessa<br>State<br>WI<br>State            | Zip Code  Zip Code  Zip Code        | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4 4 1 8 Previous Previous                 | you currently live in s, provide the mont in chronological ords Address 1 Deerfield L s Address 2 s Address 3 s Address 4   | Wisconsin? ih and year who                   | en you permanent                       | le last 6 City Ma: City City City           | years. A                           | consin  | ts if necessar  State  WI  State  State  State   | Zip Code Zip Code Zip Code          | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4 4 1 8 Previous Previous                 | you currently live in s, provide the mont in chronological ord s Address 1 Deerfield L s Address 2 s Address 3  | Wisconsin? ih and year who                   | en you permanent                       | le last 5 City Ma: City City                | years. A                           | consin  | ts if necessary State WI State State             | Zip Code Zip Code Zip Code          | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4 4 1 8 Previous Previous                 | you currently live in s, provide the mont in chronological ords Address 1 Deerfield L s Address 2 s Address 3 s Address 4   | Wisconsin? ih and year who                   | en you permanent                       | le last 6 City Ma: City City City           | years. A                           | consin  | ts if necessar  State  WI  State  State  State   | Zip Code Zip Code Zip Code          | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4418 Previous Previous Previous           | you currently live in s, provide the mont in chronological ords Address 1 Deerfield L s Address 2 s Address 3 s Address 4 s Address 5                             | Wisconsin?                                   | en you permanent                       | le last 6 City Ma: City City City           | ed to Wisconia                     | consin  | ts if necessar  State WI State State State State | Zip Code Zip Code Zip Code          | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4418 Previous Previous Previous           | you currently live in s, provide the mont in chronological ords Address 1 Deerfield L s Address 2 s Address 3 s Address 4 s Address 5                             | Wisconsin?                                   | en you permanent                       | le last 6 City Ma: City City City           | ed to Wisconia                     | consin  | ts if necessar  State WI State State State State | Zip Code Zip Code Zip Code          | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4418 Previous Previous Previous 3. List i | you currently live in s, provide the mont in chronological ords Address 1 Deerfield Les Address 2 s Address 3 s Address 4 s Address 5 all states and count        | Wisconsin? th and year who der all of your a | en you permanent<br>ddresses within th | le last 6 City Ma: City City City           | ed to Wisconic version Alexandrian | consin  | ts if necessary State WI State State State State | Zip Code Zip Code Zip Code Zip Code | M/YYYY)<br>12/2015<br>0 |
| 1. Do y If ye 2. List i Previous 4418 Previous Previous Previous State     | you currently live in s, provide the mont in chronological ords Address 1 Deerfield L s Address 2 s Address 3 s Address 4 s Address 5 all states and count County | Wisconsin?                                   | en you permanent ddresses within th    | le last 6 City Ma: City City City           | ed to Wisconic version Alexandrian | consin  | ts if necessary State WI State State State State | Zip Code Zip Code Zip Code Zip Code | M/YYYY)<br>12/2015<br>0 |

| Part D: Criminal History   |                              |  |                 |    |
|--|------------------------------|--|-----------------|----|
| Have you ever been convicted of any offenses (exclusive properties).   | uding traffic offenses un    | door coloine in alaskal kausaa aas   |                 |    |
| for violation of any federal, Wisconsin, or another sta  | ate's laws or of any cou     | nty or municipal ordinances?   |                 | No |
| If yes to question 1, please list details of each convic   | tion below. Attach addit     | 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  |                              | Was sentence completed?  | Yes             | No |
| beverages) for violation of any federal, Wisconsin, or ordinances?   |                              |  |                 | No |
| Part E: Attestation  |                              |  |                 |    |
|  |                              |  |                 |    |
| READ CAREFULLY BEFORE SIGNING: Under pen truthfully. I certify that I am not prohibited from participations in the state of the state o | alter of laws 1 to accompany | and the second s | no completely e |    |

#### **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: B     | susiness into              | rmation                                 |                      |                            |            |                          |             |                 |              |
|---------------|----------------------------|---|----------------------|----------------------------|------------|--------------------------|-------------|-----------------|--------------|
|               |                            | ividual name if sol                     |                      |                            |            |                          |             |                 |              |
|               |                            | Two River                               | S                    |                            |            |                          |             |                 |              |
| 2. Business   | Trade Name or [            | DBA                                     |                      |                            |            |                          |             |                 |              |
| 3. Entity Typ | oe (check one)             |   |                      |                            |            |                          |             |                 |              |
| ☐ Sole        | Proprietor                 | Partnership                             | Limited              | Liability Com              | oany       | / Corporation            | V           | Nonprofit C     | Organization |
|               |                            |   |                      |                            |            |                          |             |                 |              |
| Part B: Ir    | ndividual Info             | ormation                                |                      |                            | - 1007     |                          |             |                 |              |
| 1. Last Nam   | 1. Last Name 2. First Name |   |                      |                            |            |                          | 3. M.I.     |                 |              |
| Brotc         | ke                         |   |                      | Debora                     | ah         |                          |             |                 | L            |
| 4. Relations  | hip to Business (          | Title)                                  | 5. Email             |                            |            |                          |             | 6. Phone        |              |
| Secre         | tary                       |   | dbrotc               | ke@comca                   | st         | net                      |             | (815)           | 762-5173     |
| 7. Home Add   | dress                      |   |                      |                            |            |                          |             | -               |              |
| 2708          | River Land                 | e                                       |                      |                            |            |                          |             |                 |              |
| 8. City       |                            |   |                      | 9. State                   |            | 10. Zip Code             |             | 11. Date of E   | Birth        |
| Two R         | ivers                      |   |                      | WI                         |            | 54241                    |             | 03/01           | /19          |
| 12. Drivers L | License/State ID I         | Number                                  | 7 44 7 4             |                            |            | 13. Drivers License/Sta  | ite ID Sta  | ite of Issuance |              |
| B632-         | 1724-9581-                 | -03                                     |                      |                            |            | WI                       |             |                 |              |
|               |                            |   |                      |                            |            |                          |             |                 |              |
| Part C: A     | ddress Histo               | )rv                                     |                      |                            |            |                          |             |                 |              |
|               |                            |   |                      |                            | _          |                          |             |                 | V. ["] N     |
| 1. Do you     | currently reside           | in vvisconsin?                          |                      | * (0 * (0) * * (0 * (0) *) | 08 -04     |                          | R(* R * R)* | ex oxis e       | Yes No       |
| If ves to     | 1 above, how !             | ong have you co                         | ontinuously lived in | Wisconsin p                | rior i     | to the date of applicati | on?         | Years           | Months       |
| ,             |                            | , |                      |                            |            |                          |             | 5               |              |
| 2. List in ch | hronological ord           | ter all of your ad                      | dresses within the   | last 5 years.              | Atta       | ch additional sheets it  | necess      | ary.            |              |
| Previous Ad   | dress 1                    |   |                      | City                       |            |                          | State       | Zip Code        |              |
|               |                            |   |                      |                            |            |                          |             |                 |              |
| Previous Ad   | dress 2                    |   |                      | City                       |            |                          | State       | Zip Code        |              |
|               |                            |   |                      |                            |            |                          |             |                 |              |
| Previous Ad-  | dress 3                    |   |                      | City State 2               |            |                          | Zip Code    | Zip Code        |              |
|               |                            |   |                      |                            |            |                          | i           |                 |              |
| Previous Ad   | dress 4                    |   |                      | City                       |            |                          | State       | Zip Code        | <del>-</del> |
|               |                            |   |                      |                            |            |                          |             |                 |              |
| Previous Ad   | dress 5                    |   |                      | City                       | City State |                          | State       | e Zip Code      |              |
|               |                            |   |                      |                            |            |                          |             |                 |              |
| 3. List all s | states and coun            | ties you have liv                       | ed in as an adult.   | Attach additio             | nal :      | sheets if necessary.     |             |                 |              |
| State C       | County                     | State                                   | County               | State                      |            | County                   | State       | County          |              |
| WI M          | Manitowoc                  | IL                                      | Carroll              |                            |            | -                        |             |                 |              |
|               | County                     | State                                   | County               | State                      | 1          | County                   | State       | County          |              |
| IL D          | eKalb                      |   |                      |                            |            | -                        |             |                 |              |
|               |                            |   |                      |                            |            |                          | 1           |                 |              |

| Part D: Criminal History  |  |   |   |
|---|--|---|---|
| Have you ever been convicted of any offer for violation of any federal, Wisconsin, or   | another state's laws or of any co  | ounty or municipal ordinanc   |   |
| If yes to question 1, please list details of e  | each conviction below. Attach ad   | ditional sheets as needed.  |   |
| Law/Ordinance Violated  | Location   |   | Conviction Date   |
| Penalty imposed   |  | Was sentence comple   | ted? Yes No   |
| Law/Ordinance Violated  | Location   |   | Conviction Date   |
| Penalty Imposed   |  | Was sentence comple   | ted? Yes No   |
| Law/Ordinance Violated  | Location   |   | Conviction Date   |
| Penalty Imposed   |  | Was sentence comple   | ted? Yes No   |
| ordinances?   |  | g the space below. Attach   | Yes No  |
|   | ,  |   | <del></del>   |
| Part E: Attestation  READ CAREFULLY BEFORE SIGNING: truthfully. I certify that I am not prohibited if beverage industry as a restricted investor. under penalty of state law. I further understate with this application, and that any person was to forfeit not more than \$1,000 if convicted | from participating in this busines<br>I understand that any license i<br>and that I may be prosecuted for<br>who knowingly provides material | es due to any involvement<br>ssued contrary to Wis. Sta<br>submitting false statement<br>ly false information on this | in another tier of the alcohol<br>it. Chapter 125 shall be void<br>s and affidavits in connection |
| Deboral S.  | Broteke  | Date  | Le/13/24  |