

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ _____

Application Date: _____

Town Village City of Two Rivers

County of Manitowoc

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 07/29/2023 and ending 07/29/2023 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) → Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Lakeshore's United Visionaries

(b) Address 502 N. 8th St. Manitowoc. WI
(Street) Town Village City

(c) Date organized 2020

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Natasha Khan. 502 N. 8th St Manitowoc. WI

BOARD MEMBER
Vice President Tracey Koach, 3411 PARKWAY BLVD, TWO RIVERS, WI

Secretary Megan Marchant. 502 N. 8th Manitowoc. WI

Treasurer _____

(g) Name and address of manager or person in charge of affair:
Tracey Koach. 3411 Parkway Blvd. Two Rivers. WI

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 1710 W. Park St. Two Rivers. WI

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? No

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:
Gymnasium

3. Name of Event

(a) List name of the event Lakeshore Pride

(b) Dates of event 07/29/2023

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Tracey Koach / 5/10/2023
(Signature / Date)

LAKESHORE'S UNITED VISIONARIES
(Name of Organization)

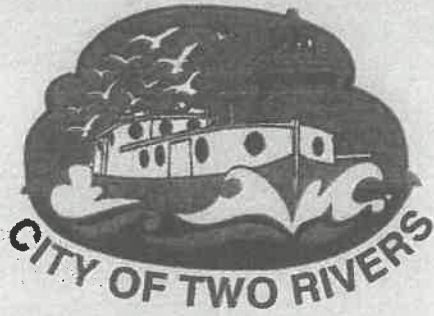
Date Filed with Clerk 5/16/2023

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Council Manager Government Since 1924



Office of City Clerk
1717 East Park Street
Post Office Box 87
Two Rivers WI 54241-0087
Telephone 920/793-5526
FAX 920/793-5512

NOTE:

THIS FORM TO BE COMPLETED AND ATTACHED TO ALL APPLICATIONS FOR SPECIAL CLASS B MALT LICENSES FOR PICNICS & GATHERINGS

* * * * *

The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury or damage to any person or property which is associated with or arises out of the applicant's use of the City property and the dispensing of fermented malt beverage to any person pursuant to any license issued upon this application.

LAKESHORE'S UNITED VISIONARIES

Organization

Lucy L Koach

By

5/16/2023

Date