

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 \$ 10.00

Application Date: 8-30-22

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. 2 PM - 9:00 PM
at the premises described below during a special event beginning 9-24-22 and ending 9-24-22 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 KBH Charities
(b) Address 809 Columbus Street Two Rivers, WI 54241
(Street) Town Village City
(c) Date organized 9/2022
(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 Kris Anderson 809 Columbus Two Rivers
Vice President Brenda Smith 1807 - 29th Two Rivers
Secretary Therese Dodge 1621 29th Two Rivers
Treasurer Hope Hagenaw 1711 Daisy Lane, Two Rivers
(g) Name and address of manager or person in charge of affair: Same as above
Kris Anderson

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 Street Two Rivers WI
(b) Lot _____ Block _____
(c) Do premises occupy all or part of building? Part
(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: Gym and lobby

3. Name of Event

- (a) List name of the event Linda Kruck Cancer Benefit
(b) Dates of event 9/24/2022

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 Brenda Smith
(Signature / Date)

KBH Charities
(Name of Organization)

Date Filed with Clerk 8/31/2022

Date Reported to Council or Board 9/16/22

Date Granted by Council _____

License No. _____