

# Temporary Alcohol Beverage License

Municipality  
CITY OF TWO RIVERS

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$
<b>Total Fees</b>		<b>\$ 10.00</b>

**Part A: Organization Information**

1. Organization Name  
Heart-A-Rama

2. Organization Permanent Address  
1676 Atlanta Circle

3. City  
Manitowoc

4. State  
WI

5. Zip Code  
54220

6. Mailing Address (if different from permanent address)

7. FEIN  
13-5613797

8. Date of Organization/Incorporation  
1971

9. State of Organization/Incorporation  
WI

10. Phone  
(920) 645-1787

11. Email  
tbarthele@hotmai.l.com

12. Organization type (check one)

Bona Fide Club       Church       Fair Association/Agricultural Society       Veteran's Organization  
 Lodge/Society       Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? .....  Yes  No

14. Wisconsin Seller's Permit Number (if applicable)

**Part B: Individual Information**

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Bartelme	Thomas	Chairman	(920) 645-1787

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) Heart-A-Rama			
2. Dates of Operation May 8, 9, 10		3. Hours of Operation 6:00 PM - 11:00 PM	
4. Premises Address 1710 W Park St.			
5. City Two Rivers WI		6. State WI	7. Zip Code 54241
8. County Manitowoc	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:		10. Aldermanic District 24
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event tbartelme@hotmail.com (920) 645-1787	
13. Organizer Website Heart-A-Rama		14. Event Website heartarama.org	
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. Two Rivers Community house gymnasium and lobby Beverages will be stored in locked Texas Tankers between events			

**Part D: Attestation**

Who must sign this application?

- one officer or director of the nonprofit organization

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Bartelme		First Name Thomas		M.I. h
Title Chairman	Email tbartelme@hotmail.com	Phone (920) 645-1787		
Signature Thomas Bartelme			Date	

**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	