

Municipality

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

Part A: Organization Information		
1. Organization Name Neshotah Charitable Foundation Inc		
2. Organization Permanent Address Po Box 519		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 26-1507902	8. Date of Organization/Incorporation 01/04/10	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 657-1284	11. Email mlent66142@aol.com	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input checked="" type="checkbox"/> Lodge/Society <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Rohrer	Kelly	President	(920) 905-2787
Handlos	Kelly	Vice President	(920) 242-5294
Watry	Jenny	Secretary	(920) 901-0598
Lenth	Michael	Treasurer	(920) 657-1284

Continued →

Part C: Event Information

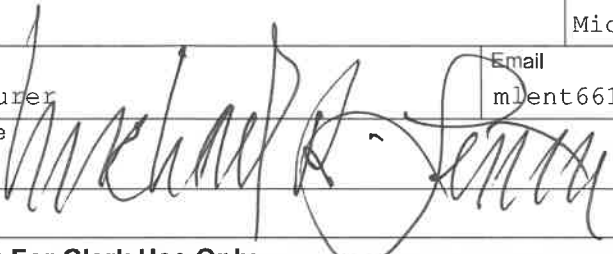
1. Name of Event (if applicable) Badger Night			
2. Dates of Operation 11-2-2024		3. Hours of Operation 5-9	
4. Premises Address Two Rivers JE Hamilton Community House			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County Manitowoc	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Two Rivers</u>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Michael Lenth		12. Email and/or Phone Number for Organizer of Event mlent66142@aol.com	
13. Organizer Website neshotahfoundation.org		14. Event Website https://www.neshotahfoundation.org/badger	
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 beverages will be served adjacent to the GYM area and in the GYM area on the same floor. Storage will be at both of the serving locations or in locked closet in the hall.			

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 Lenth	First Name Michael	M.I. M
Title Treasurer	Email mlent66142@aol.com	Phone (920) 657-1284
Signature 		Date 25 Sept 2024

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	



**TWO
RIVERS**
WISCONSIN

CITY CLERK

1717 E. Park Street

P.O. BOX 87

Two Rivers, WI 54241-0087

NOTE:

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

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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

Neshotah Charitable Foundations Inc
Organization

Michael R. Lentz
Signature

Michael R Lentz
Printed Name

26 September 2024
Date