Form
AB-220

Temporary Alcohol Beverage License

Municipality: City of Two Rivers

License(s) Requested		Fees	
☒ Temporary "Class B" Wine ☒ Temporary Class "B" Beer	License Fees	$	10.00
	Background Check	$	0.00
	Total Fees	$	10.00

Part A: Organization Information

1. Organization Name: Friends of the Van der Brohe Arboretum

2. Organization Permanent Address: 3800 Lincln Ave

3. City: Two Rivers | 4. State: WI | 5. Zip Code: 54241

6. Mailing Address (if different from permanent address):

7. FEIN: 83-2011268 | 8. Date of Organization/Incorporation: | 9. State of Organization/Incorporation:

10. Phone: 920-460-6553 | 11. Email: lyssa@vdbarboretum.org

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
Schmidt	Lyssa	Executive Director	920 460 6553
Gonnerman	Erin	Board Chair	920 973 3307
Nyssen	Melissa	Agent	630 728 5332

Continued →

Part C: Event Information

1. Name of Event (if applicable): Wine Walk & Beer Gardens

2. Dates of Operation: Oct. 3, 2026

3. Hours of Operation: 3 p.m. to 8 p.m.

4. Premises Address: 3800 Lincoln Ave

5. City: Two Rivers

6. State: WI

7. Zip Code: 54241

8. County: Manitowoc

9. Governing Municipality: ☑ City ☐ Town ☐ Village of: Two Rivers

10. Aldermanic District:

11. Organizer of Event (if not the named applicant): Vander Brohe Arboretum

12. Email and/or Phone Number for Organizer of Event: lyssa@vdbarboretum.org

13. Organizer Website: vdbarboretum.org

14. Event Website: vdbarboretum.org/oct-3-wine-walk-bee garde

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 event will be held on the Arboretum grounds. Franciscan Gardens are host spots for wine/beer samples. our propagation center building will be used for raffles.

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	First Name	M.I.
Schmidt	Lyssa	R

Title	Email	Phone
Executive Director	lyssa@vdbarboretum.org	920 460 6553

Signature: Lyssa R Schmidt

Date: 8/16/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
08/31/2026	
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type *(check one)*

☒ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
VIOLET INN LLC

2. Business Trade Name or DBA
VIOLET INN / FOXDEN

3. Entity Type *(check one)*
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
NYSSEN	MELISSA	A

4. Email	5. Phone
MELISSA@VIOLETINN.COM	630-728-5332

6. Home Address: 130 PARK ROAD

7. City	8. State	9. Zip Code	10. Age
TR	WI	54241	60

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire?* Submit a completed Form AB-100 with this form. ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.
NYSSEN	MELISSA	

Title	Email	Phone
CO-OWNER	MELISSA@VIOLET INN	630 728-8332

Signature	Date
M Nyssen	8-31-26

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, 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.
NYSSEN	MELISSA	A

Signature	Date
M Nyssen	8-31-26

LIQUORexam.com

Where Knowledge Meets Responsibility

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

CERTIFICATE OF COMPLETION

This is to certify that

Melissa Nyssen

Has Successfully Completed the Following Course and Examination

Wisconsin Alcohol Server and Seller Certification

Edward D McLean

Edward D. McLean, Program Director
www.LIQUORexam.com

Date:	03/30/2025
Expiration:	24 Months
Certificate #:	219283
Birth Date:	02/04/1966

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

* * * * * * *

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

Van der Brohe Arboretum
Organization

Lyssa R Schmidt
Signature

Lyssa R Schmidt
Printed Name

8/16/26
Date