Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Two Rivers
License Period	07/01/2026 - 06/30/2027

Application Type *(check one)*

☐ Initial (New) ☐ Renewal

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... $ 50
- ☐ "Class A" Liquor ..... $ 500
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ "Class C" Liquor (wine only) $ 100
- ☐ Class "B" Beer ..... $ 100
- ☐ Regular "Class B" Liquor $ 300
- ☐ Reserve "Class B" Liquor $ _____
- ☐ Above-Quota "Class B" Liquor ..... $ _____

Fees	
License Fee(s)	$
Background Check Fee	$ 35
Publication Fee	$ 20
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Two Rivers Hotel Group LLC

2. Business Trade Name or DBA
Cobblestone Hotel and Suites Two Rivers

3. FEIN	4. Wisconsin Seller's Permit Number
83-4229289	456-103013588-05

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ..... ☑ Yes ☐ No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization	8. Date of Organization	9. Wisconsin DFI Registration Number
Wisconsin	2019	T077769

10. Premises Address
1407 16th Street

11. City	12. State	13. Zip Code
Two Rivers	WI	54241

14. County	15. Governing Municipality: ☑ City ☐ Town ☐ Village of: Two Rivers	16. Aldermanic District
Manitowoc		

17. Premises Phone	18. Premises Email	19. Website
(920) 553-3632	tworivers@staycobblestone.com	staycobblestone.com

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☑

21. Mailing Address (if different from premises address)

22. City	23. State	24. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? . . ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☑ Yes ☐ No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☑ No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☑ No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☑ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☑ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☑ *(For corporations, limited liability companies, and nonprofit organizations only)* I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☑ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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.
Carey	Richard	

Title	Email	Phone
Member	rcarey@mwcorp.com	(608) 770-2222

Signature	Date
	6/26/26

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	Date Provisional License Issued (if applicable)

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*
☐ Initial (New) ☐ Renewal

License Period
07/01/26 - 06/30/27

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
Two Rivers Hotel Group LLC

2. Business Trade Name or DBA
Cobblestone Hotel and Suites Two Rivers

3. FEIN
83-4229289

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Carey	Ricahrd	Member	(608) 770-2222	rcarey@mwcorp.com	No Change
Niemi	Ross	Member			No Change
Wickem	Scot	Member			No Change
Arens	Todd	Member			No Change
McAuley	Steve	Member			No Change
Griesbach	Jeremy	Member			No Change
Wogernese	Kimberly	Member			No Change
Howe	Michael	Member			No Change
Scherer	Kurt	Member			No Change
Hawkinson	Casey	Member			No Change
Nelson	Barry	Member			No Change
Schaus	Jerry	Member			No Change
Lindemann	Chris	Member			No Change
Corrigan	Charles	Member			No Change
Peterson	Tim	Member			No Change
Bemis	Richard	Member			No Change

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Form AB-101 — Alcohol Beverage Appointment of Agent

(Recreated in Word for editing — original state PDF form)

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

Part A: Business Information
1. Legal Business Name (individual name if sole proprietor) Two Rivers Hotel Group LLC
2. Business Trade Name or DBA Cobblestone Hotel and Suites Two Rivers
3. Entity Type: ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization: ☒ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number: N/A (original appointment)
6. Describe the reason for appointing a successor agent, if successor is checked above: N/A

Part B: Agent Information			
1. Last Name Carey	2. First Name Richard	3. M.I.	
4. Email rcarey@mwcorp.com	5. Phone (608) 770-2222		
6. Home Address 1818 Eagle Ridge Ct Manitowoc WI 54220.			
7. City Manitowoc	8. State WI	9. Zip Code 54220	10. Age 54
11. Drivers License/State ID Number [redacted]	12. Drivers License/State ID State of Issuance WI		

Part C: Agent Questions
1. Have you satisfied the responsible beverage server training requirement? X Yes ☐ No (to be completed — submit proof of completion)
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? X Yes ☐ No (to be completed)

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.		
Last Name Niemi	First Name Ross	M.I.
Title Member	Email rniemi@mwcorp.com	Phone 262.822.5717
Signature	Date 8.6.26	

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.		
Last Name Carey	**First Name** Richard	**M.I.**
Signature	**Date** 8.6.26	