

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$ 0.00
Total Fees		\$ 10.00

Part A: Organization Information

1. Organization Name
Friends of Two Rivers Snowfest

2. Organization Permanent Address
1603 Washington St.

3. City
Two Rivers

4. State
WI

5. Zip Code
54241

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation
2018

9. State of Organization/Incorporation
Wisconsin

10. Phone
920-973-0362

11. Email
two.rivers.snowfest@gmail.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
<i>Grete</i>	<i>Ann ✓</i>	<i>President</i>	<i>920-973-0362</i>
<i>Kouba</i>	<i>JoAnne ✓</i>	<i>Treasurer</i>	<i>920-323-9838</i>
<i>Grete</i> <i>Weinberger</i>	<i>Vicki ✓</i>	<i>Treasurer</i>	<i>920-684-0964</i>
<i>Stewart</i>	<i>Amanda ✓</i>	<i>Vice President</i>	<i>920-901-8104</i>
<i>Grete</i> <i>LeChir</i>	<i>Trudy ✓</i>	<i>Secretary</i>	<i>920-242-3379</i>
<i>Grete</i>	<i>Becky ✓</i>	<i>Secretary</i>	<i>920-973-0629</i>

Continued →

Part C: Event Information

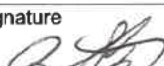
1. Name of Event (if applicable) <i>SnowFest Wine & Beer Walk 2026</i>			
2. Dates of Operation Friday, May 8, 2026 <i>Friday, May 8, 2026</i>		3. Hours of Operation <i>4:30-9:00 PM</i>	
4. Premises Address <i>1603 Washington St.</i>			
5. City <i>Two Rivers</i>		6. State <i>WI</i>	7. Zip Code <i>54241</i>
8. County <i>Manitowoc</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village <i>of: Two Rivers</i>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <i>Ane Grete</i>		12. Email and/or Phone Number for Organizer of Event <i>920-873-0362</i>	
13. Organizer Website <i>trsnowfest.org</i>		14. Event Website <i>trsnowfest.org</i>	
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. <i>see attached</i>			

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 <i>Grete</i>	First Name <i>Ane</i>	M.I. <i>L</i>
Title <i>President</i>	Email <i>angrete@hotmail.com</i>	Phone <i>920-873-0362</i>
Signature 		Date <i>4/8/2026</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>04/16/2026</i>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Two Rivers SnowFest Wine & Beer Walk 2026

The walk will start at 5:00pm with registration and sign in at Central Park. ID's will be checked and wristbands issued. Participants will be given a copy of our Wine?Beer Walk booklet and a special glass. They will then proceed to each of our 11 participating businesses. The walk will end at 8:30pm.

Stops on the SnowFest Wine/Beer Walk to take place on Friday, May 8, 2026:

*Weichert, Realtors Cornerstone 1603 Washington St

*Dice Goblin Hobbies 1615 Washington St

Ken's Place 1822 Adams St

Cool City Brewing Company 1718 Park St

*Bee's Emporium & Cafe 1606 Washinton St

*NEW Conservatives 1308 Washington St

Kurtz's Pub & Deli 1410 Washington St

Violet Inn 1415 16th St

Heroes Venture Arcade 2022 Washington St

*License application attached

Part B: Individual Information

Brewer, Ann - NEW Conservatives, Vice president 920-905-6850

Kouba, JoAnne - CornerStone Real Estate LLC DBA Weichert, Realtors CornerStone, Owner
920-323-9838

Ottesen, Brandi - Gaia's Moon & Sun Apothecary DBA Bee's Emporium & Cafe, Owner
920-657-1118

Snyder, Julia – Trevor B. Snyder DBA Dice Goblin Hobbies, Partner/Owner 920-664-1216

Part C: Event Information (#4-7)

NEW Conservatives 1308 Washington St, Two Rivers, WI 54241

Weichert, Realtors Corner Stone 1603 Washington St, Two Rivers, WI 54241

Bee's Emporium & Cafe 1606 Washington St, Two Rivers, WI 54241

Dice Goblin Hobbies 1615 Washington St, Two Rivers, WI 54241

Alcohol Beverage Appointment of Agent

Date 4/8/2026

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)

Two Rivers Snow Festival

2. Business Trade Name or DBA

Friends of Two Rivers SnowFest

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

Gmetz

2. First Name

Ann

3. M.I.

L

4. Email

angretz@hotmail.com

5. Phone

920-973-0362

6. Home Address

1215 School St.

7. City

Two Rivers

8. State

WI

9. Zip Code

54241

10. Age

69

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? Yes No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

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 <i>Gretz</i>		First Name <i>Ann</i>	M.I. <i>L</i>
Title <i>President of Friends of Ten Rivers Breakfast</i>		Email <i>angretz@hotmail.com</i>	Phone <i>920-973-0362</i>
Signature 			Date <i>4/8/2026</i>

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 <i>Gretz</i>		First Name <i>Ann</i>	M.I. <i>L</i>
Signature 			Date <i>4/8/2026</i>



**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

Friends of Two Rivers Snowfest
Organization


Signature

Aae C. Gretz
Printed Name

4/8/2026
Date