

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

Part A: Organization Information

1. Organization Name, *Friends of the Two Rivers Senior Center.*

2. Organization Permanent Address
1520 17th Street

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

6. Mailing Address (if different from permanent address)

7. FEIN *20-8157672* 8. Date of Organization/Incorporation *9/13/07* 9. State of Organization/Incorporation *WISCONSIN*

10. Phone *920-793-5596* 11. Email *megoco@two-rivers.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)
456-6000554400-02

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>Baukrecht,</i>	<i>Sharon</i>	<i>President</i>	<i>920-819-9052</i>
<i>Klein</i>	<i>Jan</i>	<i>Vice President</i>	<i>920-323-4986</i>
<i>Kadow</i>	<i>Ruth</i>	<i>Secretary</i>	<i>920-901-5985</i>
<i>Plansky</i>	<i>Ann</i>	<i>Financial Secretary</i>	<i>920-323-5027</i>
<i>Schmidt</i>	<i>Cindy</i>	<i>Treasurer</i>	<i>920-901-7449</i>

Continued →

Part C: Event Information

1. Name of Event (if applicable) Cork + Canvas			
2. Dates of Operation JULY 14, 2026		3. Hours of Operation 5:00	
4. Premises Address 1520 17th St.			
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: Two Rivers		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Friends of the Two Rivers Senior Center		12. Email and/or Phone Number for Organizer of Event megoco@two-rivers.org	
13. Organizer Website		14. Event Website	
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. Senior Center rooms including the Behringer and S.C. offices.			

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 Bauknecht		First Name Sharon		M.I.
Title President		Email	Phone 920-819-9052	
Signature 			Date 4-13-26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 04/20/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

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) Friends of the Two Rivers Senior Center	
2. Business Trade Name or DBA Friends of the Two Rivers Senior Center	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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 O'Connor		2. First Name Megan		3. M.I. E
4. Email megoco@two-rivers.org			5. Phone 920-793-5597	
6. Home Address 1713 24th Street				
7. City Two Rivers		8. State WI	9. Zip Code 54241	10. Age 39
11. Drivers License/State ID Number [REDACTED]			12. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.
Title	Email		Phone	
Signature			Date	

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>O'Connor</i>		First Name <i>Megan</i>		M.I. <i>E</i>
Signature 			Date <i>3/26/26</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 the Two Rivers Senior Center
Organization


Signature

Megan O'Connor
Printed Name

3/26/26
Date

Alcohol Beverage Server Course Information

<https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>

Alcohol Seller/Server

While the following Responsible Beverage Server training courses have been approved for certification in the state, the Wisconsin Department of Revenue does not endorse nor administer any of these programs. **Any issues you have concerning registration, student certification, fees, certificates, etc., must be directed to the individual vendor for resolution. Persons seeking how to become an approved course provider, see our [common questions](#).**

Classroom instruction providers:

- Wisconsin Technical Colleges
- RBSLearn.com
- Serving Alcohol Inc. - Wisconsin Alcohol Seller/Server Course
- ServSafe Alcohol (WRAEF/NRAEF)
- TIPS

Online instruction providers:

- Affordable Alcohol Training dba LIQUORexam.com
- EduClasses.org
- Learn2Serve
- My Food & Bev Training
- Rserve.com (Professional Server Certification Corporation)
- ServerLicense.com
- Serving Alcohol Inc. - Wisconsin Alcohol Seller/Server Course
- ServSafe Alcohol (WRAEF/NRAEF)
- TIPS ("eTIPS On Premise" only)
- Wisconsin-Bartending.com