

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10⁰⁰

Application Date: 9/8/22
County of Manitowoc

Town Village City of Two Rivers

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning Sept 28 4p and ending Sept 28 6p and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. **Organization** (check appropriate box) → Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats

(a) Name Friends of the Two Rivers Senior Center

(b) Address 1520 17th St Two Rivers
(Street) Town Village City

(c) Date organized May 8, 2007

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Barb Schweitzer - 610 35th Street

Vice President Janice Klein - 2017 Crystal Spring Rd

Secretary Carol Rabitz - 320 Albert Dr #1 Manitowoc 54220

Treasurer Cindy Schmidt - 3620 Adams St

(g) Name and address of manager or person in charge of affair: Heather Hempfield/Barb Schweitzer
1520 17th St Two Rivers WI 54241

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 1520 17th St

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? part

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Senior Center Koska room located inside T.R. Community House

3. Name of Event

(a) List name of the event Senior Center Open House

(b) Dates of event 9/28/22

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer [Signature] / 9/8/2022
(Signature / Date)

Friends of Two Rivers Senior Center
(Name of Organization)

Date Filed with Clerk 9/19/22

Date Reported to Council or Board 9/19/22

Date Granted by Council _____

License No. _____

Council Manager Government Since 1924



Office of City Clerk
1717 East Park Street
Post Office Box 87
Two Rivers WI 54241-0087
Telephone..... 920/793-5526
FAX..... 920/793-5512

NOTE:

THIS FORM 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 Senior Center
Organization

[Handwritten Signature]
By

9/8/22
Date