

Form

AB-220

## Temporary Alcohol Beverage License

Municipality

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

## Part A: Organization Information

1. Organization Name Rotary Club of Two Rivers		
2. Organization Permanent Address PO box 272		
3. City Two Rivers	4. State WI	5. Zip Code 54241
6. Mailing Address (if different from permanent address)		
7. FEIN 39-6089129	8. Date of Organization/Incorporation 02/08/23	9. State of Organization/Incorporation Wisconsin
10. Phone (612) 840-7507	11. Email michael@stillbend.com	
12. Organization type (check one) <input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) NA		

## 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
Swetlik	Dennis	President	(920) 905-3115
Zimmerlee	Jeff	Treasurer	(920) 901-7930
Ditmer	Michael	Agent	(612) 840-7507
Brotcke	Deborah	Secretary	(815) 762-5173

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) FRIDAY NIGHT CONCERT SERIES - CENTAL PARK			
2. Dates of Operation August 15 2025		3. Hours of Operation 6:00 PM - 9:30 PM	
4. Premises Address 1700 Washington Street (Parks & Rec) - 1520 17th Street (Beach Rotary Pavillion)			
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 NA
11. Organizer of Event (if not the named applicant) Two Rivers Parks and Rec Department		12. Email and/or Phone Number for Organizer of Event (920) 323-8622	
13. Organizer Website <a href="https://www.two-rivers.org/parksrec">https://www.two-rivers.org/parksrec</a>		14. Event Website <a href="https://www.two-rivers.org/parksrec">https://www.two-rivers.org/parksrec</a>	
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 Club will be selling out of the Central Park Pavillion.			

<b>Part D: Attestation</b>		
Who must sign this application? • one officer or director of the nonprofit organization		
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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.</p>		
Last Name Ditmer	First Name Michael	M.I. J
Title Club Agent	Email michael@stillbend.com	Phone (612) 840-7507
Signature 		Date 07/15/2025

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk 7/16/2025	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

**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)

**Rotary Club of Two Rivers**

2. Business Trade Name or DBA

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

**WI**

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

**Part B: Agent Information**

1. Last Name

**Ditmer**

2. First Name

**Michael**

3. M.I.

**J**

4. Email

**michael@stillbend.com**

5. Phone

**(612) 840-7507**

6. Home Address

**2991 37th ST**

7. City

**Two Rivers**

8. State

**WI**

9. Zip Code

**54241**

10. Age

**63**

11. Drivers License/State ID Number

**D-356-5506-1132-09**

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 <b>Swetlik</b>		First Name <b>Dennis</b>		M.I. <b>J</b>
Title <b>President</b>	Email <b>dswetlik@charter.net</b>		Phone <b>920-905-3115</b>	
Signature 			Date <b>6/13/2024</b>	

**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 <b>Ditmer</b>		First Name <b>Michael</b>		M.I. <b>J</b>
Signature 			Date <b>06/13/24</b>	