

Temporary Alcohol Beverage License

Municipality  
CITY OF TWO RIVERS  
TMP 2609

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

**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)  
1520 17th Street

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

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
Bauknecht	Sharon	President	920-819-9052
Klein	Jan	Vice President	920-323-4986
Kadow	Ruth	Secretary	920-901-5985
Plansky	Ann	Financial Secretary	920-323-5027
Schmidt	Cindy	Treasurer	920-901-7449

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) <b>Two Rivers Senior Center Cribbage Tournament</b>			
2. Dates of Operation <b>March 8, 2026</b>		3. Hours of Operation <b>12-5pm</b>	
4. Premises Address <b>1520 17th Street</b>			
5. City <b>Two Rivers</b>		6. State <b>WI</b>	7. Zip Code <b>54241</b>
8. County <b>Manitowoc</b>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <b>Two Rivers</b>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <b>Friends of the Two Rivers Senior</b>		12. Email and/or Phone Number for Organizer of Event <b>megoco@two-rivers.org</b>	
13. Organizer Website <b>X</b>		14. Event Website <b>X</b>	
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.  <b>Senior center rooms including Koska, Library, SC Kitchen, and office.</b>			

**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 <b>Bauknecht</b>	First Name <b>Sharon</b>	M.I.
Title <b>President</b>	Email	Phone <b>920-819-9052</b>
Signature 		Date

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk <b>02/23/2026</b>	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)  
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)       Limited Liability Company       Corporation       Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)      5. If successor agent, provide State Permit or Municipal Retail License Number  
 Municipal Retail License       State Permit

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? .....  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		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>2/12/26</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 E. O'Connor  
Printed Name

2/12/26  
Date