

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	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 17 th 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	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) 456-000554400-02		

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) Cork and Canvas			
2. Dates of Operation 6/12/2025		3. Hours of Operation 5:30 pm - 8:30 pm	
4. Premises Address 1520 17th Street			
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 nimegen86@gmail.com	
13. Organizer Website X		14. Event Website X	
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 Koska room and Senior Center 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	
Title President		M.I.	
Email		Phone 920-819-9052	
Signature		Date	

Part E: For Clerk Use Only

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