

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
ROGERS STREET FISHING VILLAGE

2. Organization Permanent Address
P.O. Box 33

3. City
Two Rivers

4. State
WI

5. Zip Code
54241

6. Mailing Address (if different from permanent address)

7. FEIN
23-7086805

8. Date of Organization/Incorporation
1969

9. State of Organization/Incorporation
WISCONSIN

10. Phone
9207935905

11. Email
bonnie.timm@charter.net

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)
N/A

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
Becker	Daniel	President	920-6843909
Thiede	Gerald	Vice President	9206571038
Timm	Bonnie	Sec-Treas.	9207932556

Continued →

Part C: Event Information

1. Name of Event (if applicable) Rogers Street Days			
2. Dates of Operation AUGUST 7 2026 & August 8 2026		3. Hours of Operation 8-7-26 5pm to 10pm 8-8-26 Noon to 10pm	
4. Premises Address 2102 Jackson 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) Bonnie L. Timm		12. Email and/or Phone Number for Organizer of Event 920 793 2556	
13. Organizer Website rogersstreet.com		14. Event Website N/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. Vacant lot at corner of of 2nd Street and Jackson Street - outside property/grassy area.			

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 Timm	First Name Bonnie	M.I. L.
Title Sec-Treas	Email bonnietimme@charter.net	Phone 9207932556
Signature Bonnie L Timm		Date 6/18/2026

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 07/01/2026	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)
Rogers Street Fishing Village

2. Business Trade Name or DBA

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 **Timm** 2. First Name **Bonnie** 3. M.I. **L**

4. Email **bonnietimm@charter.net** 5. Phone **9207932556**

6. Home Address **7650 County Rd O**

7. City **Two Rivers** 8. State **WI** 9. Zip Code **54241** 10. Age **72**

11. Drivers License/State ID Number [Redacted] 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 <i>Timm</i>		First Name <i>Bonnie</i>	M.I. <i>L</i>
Title <i>Sec-Treas</i>	Email <i>bonnie.timm@charter.net</i>		Phone <i>920 993 2556</i>
Signature <i>Bonnie L Timm</i>		Date <i>7/1/26</i>	

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>Timm</i>		First Name <i>Bonnie</i>	M.I. <i>L</i>
Signature <i>Bonnie L Timm</i>		Date <i>7/1/26</i>	

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) ROGER STREET FISHING VILLAGE	
2. Business Trade Name or DBA MUSEUM	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name BECKER		2. First Name DANIEL		3. M.I. R.
4. Relationship to Business (Title) PRESIDENT		5. Email dabecker1@charter.net		6. Phone 920-684-3909
7. Home Address 7903 PRAIRIE ROAD				
8. City TWO RIVERS		9. State WI	10. Zip Code 54241	11. Date of Birth 11-27-46
12. Drivers License/State ID Number <div style="background-color: black; width: 100%; height: 15px;"></div>			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History								
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years</td> <td style="width: 50%;">Months</td> </tr> <tr> <td style="text-align: center;">79</td> <td style="text-align: center;">5</td> </tr> </table>	Years	Months	79	5
Years	Months							
79	5							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.								
Previous Address 1	City	State	Zip Code					
7903 PRAIRIE ROAD	TWO RIVERS	WI	54241					
Previous Address 2	City	State	Zip Code					
Previous Address 3	City	State	Zip Code					
Previous Address 4	City	State	Zip Code					
Previous Address 5	City	State	Zip Code					
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.								
State	County	State	County	State	County	State	County	
WI	MANITOWOC							
State	County	State	County	State	County	State	County	

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature *Daniel R. Becker* Date *6-22-26*

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Rogers Street Fishing Village	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name THIEDE		2. First Name GERALD	
		3. M.I. J	
4. Relationship to Business (Title) VICE PRESIDENT		5. Email Thiedeg@Charter.net	6. Phone 920-657-1038
7. Home Address 3916 Golfview Dr.			
8. City Two Rivers		9. State WI	10. Zip Code 54241
		11. Date of Birth 1-5-1945	
12. Drivers License/State ID Number <div style="background-color: black; width: 100%; height: 15px;"></div>		13. Drivers License/State ID State of Issuance WI	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 16</td> <td style="width: 50%;">Months 9</td> </tr> </table>	Years 16	Months 9
Years 16	Months 9				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1	City	State	Zip Code		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Manitowoc	State WI	County Dane		
State MI	County Eaton	State WA	County Thurston		
State MN	County Hennepin	State	County		
State	County	State	County		

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature *Gerald J. Thiede* Date *6-25-26*

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) ROGERS STREET FISHING Village				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information				
1. Last Name Timm		2. First Name BONNIE		3. M.I. L
4. Relationship to Business (Title) Sec/Treas.		5. Email bonnietimm@charter.net		6. Phone 9207932556
7. Home Address 7650 County Road O				
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 3/10/54
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	

Part C: Address History				
1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 72
				Months 3
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.				
Previous Address 1	City	State	Zip Code	
Previous Address 2	City	State	Zip Code	
Previous Address 3	City	State	Zip Code	
Previous Address 4	City	State	Zip Code	
Previous Address 5	City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.				
State WI	County MANITOWOC	State	County	State
State	County	State	County	State

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

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Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

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Signature <i>Bonnie L. Timm</i>	Date <i>6/18/2026</i>
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**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

Rogers Street Fishing Village
Organization

Bonnie L Timm
Signature

Bonnie L. Timm Sec/Treas
Printed Name

6/18/26
Date