

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$ 0.00
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name
Two Rivers Snow Festival DBA Friends of Two Rivers Snow Fest

2. Organization Permanent Address
~~Friends of Two Rivers Snowfest~~ 1603 Washington St. Two Rivers

3. City
Two Rivers

4. State
WI

5. Zip Code
54241

6. Mailing Address (if different from permanent address)
1603 Washington St.

7. FEIN
832946599

8. Date of Organization/Incorporation
2/18/2019

9. State of Organization/Incorporation
WI

10. Phone
920-973-0362

11. Email
tworiverssnowfest@gmail.com

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)

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
Greter	Ann	President	920-973-0362
Amade Stewart	Amanda	Vice President	920-901-8104
Kouba	Terene	Treasurer	920-323-2838
Weinberger	Vicki	Treasurer	920-684-0964
Leclair	Trudy	Secretary	920-242-3379
Grete	Becky	Secretary	920-973-0629
Sachse	Tony	Secretary Fundraising Chair	920-681-0542

Continued →

Part C: Event Information

1. Name of Event (if applicable) <i>Two Rivers Snowfest 2026</i>			
2. Dates of Operation <i>July 24, 25, 26, 2026</i>		3. Hours of Operation <i>7/24 - 6pm - 12am 7/25 11am - 12pm 7/26 - 11am - 6pm</i>	
4. Premises Address <i>Neshotah Park</i>			
5. City <i>Two Rivers</i>		6. State <i>WI</i>	7. Zip Code <i>54241</i>
8. County <i>Manitowoc</i>		9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village <i>of Two Rivers</i>	
10. Aldermanic District		11. Organizer of Event (if not the named applicant) <i>Friends of Two Rivers Snowfest - Ann Gretz President</i>	
12. Email and/or Phone Number for Organizer of Event <i>angreutz@hotmail.com 920-973-0262</i>		13. Organizer Website <i>trsnowfest.org</i>	
14. Event Website <i>trsnowfest.org</i>		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. <i>SnowFest will take place at Neshotah Park, including the Jaycees Pavillion & Neshotah Pavillion (on Friday & Sunday only). The Beer/Music Tent will be in the old out-field. The kids area will be near the volleyball courts & zipline.</i>	

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 <i>Gretz</i>	First Name <i>Ann</i>	M.I. <i>L</i>
Title <i>President of Friends of Two Rivers Snowfest</i>	Email <i>angreutz@hotmail.com</i>	Phone <i>920-973-0262</i>
Signature <i>[Signature]</i>		Date <i>6/15/26</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>06/15/2026</i>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>Two Rivers Snow Festival</i>	
2. Business Trade Name or DBA <i>Friends of Two Rivers Snow Fest</i>	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name <i>Gretz</i>	2. First Name <i>Ann</i>	3. M.I. <i>L</i>	
4. Email <i>angretz@hotmail.com</i>		5. Phone <i>800-973-0362</i>	
6. Home Address <i>1215 School St</i>			
7. City <i>Two Rivers</i>	8. State <i>WI</i>	9. Zip Code <i>54241</i>	10. Age <i>69</i>
11. Drivers License/State ID Number <div style="background-color: black; width: 100%; height: 15px;"></div>		12. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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>Gretz</i>		First Name <i>Ann</i>	M.I. <i>L</i>
Title <i>President</i>	Email <i>angretz@hotmail.com</i>		Phone <i>920-973-0362</i>
Signature 		Date <i>6/15/26</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>Gretz</i>		First Name <i>Ann</i>	M.I. <i>L</i>
Signature 		Date <i>6/15/26</i>	

7042

Form AB-100

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) Two Rivers Snow Festival
2. Business Trade Name or DBA Friends of Two Rivers SnowFest
3. Entity Type (check one) [] Sole Proprietor [] Partnership [] Limited Liability Company [] Corporation [X] Nonprofit Organization

Part B: Individual Information
1. Last Name SAHSE
2. First Name Anthony
3. M.I. M
4. Relationship to Business (Title) Fundraising Chair
5. Email prince0711@charter.net
6. Phone 920-681-0542
7. Home Address 2826 Sandy Ridge Drive
8. City Two Rivers
9. State WI
10. Zip Code 54241
11. Date of Birth 08/17/1995
12. Drivers License/State ID Number [Redacted]
13. Drivers License/State ID State of Issuance WI

Part C: Address History
1. Do you currently live in Wisconsin? [X] Yes [] No
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 08/2004
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.
Previous Address 1: 2826 Sandy Ridge Drive, Two Rivers, WI, 54241
Previous Address 2:
Previous Address 3:
Previous Address 4:
Previous Address 5:
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.
WI Manitowoc, WI Portage, WI Ozaukee, FL Lee

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.

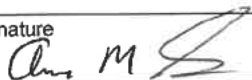
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance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



Date

5/24/2020

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) <i>Two Rivers Snow Festival</i>	
2. Business Trade Name or DBA <i>Friends of Two Rivers Snow Fest</i>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <i>Gretz</i>	2. First Name <i>Ann</i>	3. M.I. <i>L</i>	
4. Relationship to Business (Title) <i>President</i>	5. Email <i>angretz@hotmail.com</i>	6. Phone <i>920-973-0362</i>	
7. Home Address <i>1215 School St.</i>			
8. City <i>Two Rivers, WI</i>	9. State <i>WI</i>	10. Zip Code <i>54241</i>	11. Date of Birth <i>2/23/57</i>
12. Drivers License/State ID Number <div style="background-color: black; width: 100%; height: 15px;"></div>		13. Drivers License/State ID State of Issuance <i>WI</i>	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) <i>2/23/1987</i>
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
<i>_____</i>			
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 <i>WI</i>	County <i>Dane</i>	State <i>WI</i>	County <i>Waukesha</i>
State <i>WI</i>	County <i>Manitowish</i>	State <i>WI</i>	County <i>Milwaukee</i>
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  Date 6/10/26

Amanda

Date

Form AB-100

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)
Two Rivers Snow Festival

2. Business Trade Name or DBA
Friends of Two Rivers Snowfest

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name: *Stewart* 2. First Name: *Amanda* 3. M.I.: *M*

4. Relationship to Business (Title): *Volunteer* 5. Email: *anhyclride52@att.net* 6. Phone: *920-901-8104*

7. Home Address: *911 E Hillcrest Rd* 9. State: *WI* 10. Zip Code: *54241* 11. Date of Birth: *01/07/1988*

8. City: *Two Rivers* 13. Drivers License/State ID State of Issuance: *Wisconsin*

12. Drivers License Number: [Redacted]

Part C: Address History

1. Do you currently live in Wisconsin? Yes No
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): *05/2003*

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Address	City	State	Zip Code
Previous Address 1 <i>911 E Hillcrest Rd</i>	<i>Two Rivers</i>	<i>WI</i>	<i>54241</i>
Previous Address 2			
Previous Address 3			
Previous Address 4			
Address 5			

List the states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County
<i>WI</i>	<i>Waushara</i>				

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 N/A	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  Date 06/09/2026

John

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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) <i>Two Rivers Snow Festival</i>	
2. Business Trade Name or DBA <i>Friends of Two Rivers Snowfest</i>	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information		
1. Last Name <i>Kouba</i>	2. First Name <i>JoAnne</i>	3. M.I. <i>L</i>
4. Relationship to Business (Title) <i>Treasurer</i>	5. Email <i>JoAnne.Kouba@gmail.com</i>	6. Phone <i>920-323-9838</i>
7. Home Address <i>2803 36th St</i>		
8. City <i>Two Rivers</i>	9. State <i>WI</i>	10. Zip Code <i>54241</i>
11. Date of Birth <i>8-9-1957</i>		12. Drivers License/State ID Number <i>[Redacted]</i>
13. Drivers License/State ID State of Issuance <i>WI</i>		

Part C: Address History			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) <i>8-9-1957</i>			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <i>2803 36th St Two Rivers</i>	City <i>Two Rivers</i>	State <i>WI</i>	Zip Code <i>54241</i>
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

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 checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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  Date 5-19-2020

Becky

Form
AB-100

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)
Two Rivers Snow Festival

2. Business Trade Name or DBA
Friends of Two Rivers SnowFest

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name: Gretz 2. First Name: Rebecca 3. M.I.: L

4. Relationship to Business (Title): Secretary 5. Email: beckygretz@hotmail.com 6. Phone: 920-973-0629

7. Home Address: 1215 School St

8. City: Two Rivers 9. State: WI 10. Zip Code: 54241 11. Date of Birth: 12/2/82

12. Drivers License/State ID Number: [Redacted] 13. Drivers License/State ID State of Issuance: WI

Part C: Address History

1. Do you currently live in Wisconsin? Yes No
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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	Brown						
WI	Manitowoc						

Cor.

Part D: Criminal History

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 Rebecca L. Gately Date 5/19/26

Tredy

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
6-08-26

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) <i>Two Rivers Snow Festival</i>	
2. Business Trade Name or DBA <i>Friends of Two Rivers Snowfest</i>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name <i>Le Clair</i>		2. First Name <i>Tredy</i>		3. M.I.	
4. Relationship to Business (Title) <i>Secretary</i>		5. Email <i>mg_lover@charter.net</i>		6. Phone <i>920-242-3379</i>	
7. Home Address <i>4600 Columbus St</i>					
8. City <i>Two Rivers</i>		9. State <i>WI</i>	10. Zip Code <i>54241</i>	11. Date of Birth <i>11-26-57</i>	
12. Drivers License/State ID Number 			13. Drivers License/State ID State of Issuance <i>Wisconsin</i>		

Part C: Address History

1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) <i>11/1957</i>			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <i>2817-45th St</i>	City <i>Two Rivers</i>	State <i>WI</i>	Zip Code <i>54241</i>
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 <i>WI</i>	County <i>Menominee</i>	State <i>WI</i>	County <i>Menominee</i>
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 <i>Judy Le Clair</i>	Date <i>06/08/26</i>
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Vicki

Form
AB-100

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)
Two Rivers Snow Festival

2. Business Trade Name or DBA
Friends of Two Rivers Snow Fest

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name
Weinberger

2. First Name
Vicki Victoria

3. M.I.
L

4. Relationship to Business (Title)

5. Email
VickiW1@me.com

6. Phone
920-684-0964

7. Home Address
2706 Clark St.

8. City
Manitowoc

9. State
WI

10. Zip Code
54220

11. Date of Birth
12/04/1957

12. Drivers License/State ID Number
[REDACTED]

13. Drivers License/State ID State of Issuance
WI

Part C: Address History

1. Do you currently live in Wisconsin? Yes No
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

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 *Victoria Z. Weinberger* Date *6/9/2026*



**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

Two Rivers Snow Festival DBA
Friends of Two Rivers Snow Fest
 Organization


 Signature

Ana L. Gretz
 Printed Name

6/15/26
 Date