

## Temporary Alcohol Beverage License

License(s) Requested	Fees	
	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

☒ Temporary "Class B" Wine☒ Temporary Class "B" Beer

<b>Part A: Organization Information</b>				
1. Organization Name Friends of Two Rivers SnowFest				
2. Organization Permanent Address 1603 Washington St.				
3. City Two Rivers		4. State WI	5. Zip Code 54241	
6. Mailing Address (if different from permanent address)				
7. FEIN 83-2946599		8. Date of Organization/Incorporation 2/18/2019		9. State of Organization/Incorporation Wisconsin
10. Phone Ann Gnetz 920-973-0362		11. Email tworiverssnowfest@gmail.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)				

<b>Part B: Individual Information</b>			
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
Gnetz	Ann	President/Agent	920-973-0362
Brylski	Norene	Secretary	715-496-3226
Kosiba	JoAnne	Treasurer	920-323-9838
Weinberger	Vicki	Treasurer	920-684-0964
Sachse	Tony	Director	920-681-0542
Sachse	Jeff	Director	414-305-6236

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) <i>SnowFest Wine &amp; Beer Walk</i>			
2. Dates of Operation <i>Saturday May 17, 2025</i>		3. Hours of Operation <i>4:30-9:00</i>	
4. Premises Address <i>1603 Washington St.</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 of: <i>Two Rivers</i>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <i>Ann Grete for Friends of Two Rivers SnowFest</i>		12. Email and/or Phone Number for Organizer of Event <i>920-973-0362</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>GLE &amp; Rebel Massage - 1613 Washington St. TR Geisbert Reators, Cornerstone - 1603 Washington St. TR. Seeds n Beans - 1813 Washington St. TR. Two Rivers Showcase &amp; Music Center/Coal City Cycles - 1810 Washington St. TR Lakeshore Rock &amp; Gem 2116 Washington St. TR Chilly Cravings Cafe 1606 Washington St. TR.</i>			

**Part D: Attestation**

Who must sign this application? • one officer or director of the nonprofit organization			
<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.			
Last Name <i>Grete</i>		First Name <i>Ann</i>	
Title <i>President</i>		Email <i>anngrete@hotmail.com</i>	M.I. <i>L</i>
Signature <i>[Signature]</i>		Phone <i>920-973-0362</i>	
		Date <i>4/8/2025</i>	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk <i>4/10/2025</i>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



**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 Two Rivers SnowFest

Organization

[Signature]

Signature

Ann L. Gretz

Printed Name

4/8/2025

Date