

**Temporary Alcohol Beverage License**

Municipality  
City of Two Rivers

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

**Part A: Organization Information**

1. Organization Name  
Two Rivers Youth Sports

2. Organization Permanent Address  
4120 clover st

3. City  
Two Rivers

4. State  
WI

5. Zip Code  
54241

6. Mailing Address (if different from permanent address)

7. FEIN  
81-4844900

8. Date of Organization/Incorporation  
12-2017

9. State of Organization/Incorporation  
WI

10. Phone  
920 571 7466

11. Email  
baseballone@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
Wachowski	Adam	President	920 571 7466
Wachowski	Cory	Vice President	920 901 3866
Schweke	Jeff	Treasurer	920 973 8291
Shillcox	Kirk	Board member	920 242 6227

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Beach Bash			
2. Dates of Operation 6-26 - 6-27 2026		3. Hours of Operation 11am - midnight	
4. Premises Address 500 Zlatnik drive (Beach parking lot 2 & 3)			
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) Adam Wachowski		12. Email and/or Phone Number for Organizer of Event baseballone@gmail.com	
13. Organizer Website www.beachbashtr.com		14. Event Website ← None	
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.  Beach & lots 2 and 3			

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 Wachowski		First Name Adam	M.I.
Title President	Email baseballone@gmail.com		Phone 920 571 7466
Signature 		Date 6-11-26	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 06/11/2026	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

## Alcohol Beverage Appointment of Agent

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Two Rivers Youth Sports	
2. Business Trade Name or DBA Two Rivers Youth Sports	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" 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.	


<b>Part B: Agent Information</b>			
1. Last Name Wachowski	2. First Name Adam	3. M.I.	
4. Email baseballone@gmail.com		5. Phone (920) 571-7466	
6. Home Address 4120 clover st			
7. City Two Rivers	8. State WI	9. Zip Code 54241	10. Date of Birth 1/2/85
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Submit proof of completion.
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Wachowski		First Name Adam	M.I.
Title President	Email baseballone@gmail.com	Phone (920) 571-7466	
Signature 		Date 02/10/26	

**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 Wachowski		First Name Adam	M.I.
Signature 		Date 02/10/26	



# Certificate Of Completion

## Responsible Vendor Training Program

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5, 125.17(6), and 134.66(2m), Wis.

Name : adam wachowski

  
Steven A. Dean, CEO  
www.sellerserverclasses.com

This online responsible alcohol vendor training & assessment program is provided by Seller Server Classes.

Having successfully completed the program, the student will be provided with this course completion certificate for their own records.

Name : adam wachowski  
Course Name : Seller Server Course  
Date Completed : 6/9/2026  
Expiration Date : 6/9/2028  
Certificate Number : 219389  
Provider : EduClasses.org





**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 Youth Sports  
Organization

Adam Wachowski  
Signature

Adam Wachowski  
Printed Name

6-11-26  
Date