AB-220

License(s) Requested

Temporary Alcohol Beverage License

Municipality	

Fees

			License Fees	\$ 10.00
Temporary "Class B"	Wine Temporary Cla	ss "B" Beer	Background Ched	sk \$
			Total Fees	\$
i				
Part A: Organization Informa	ation			
Organization Name	ation	<u></u>		
Casa Guadalup	pe Education Cer	Her		
Organization Permanent Address				
419 ROOSEVELT I	Dr.			
3. city West Bencl			4. State	5. Zip Code 53090
6. Mailing Address (if different from pe	ermanent address)			
same as above				
7. FEIN	8. Date of Organization/In	corporation	9. State of Organiza	
20-4483105	2006		Wisconsi	1
10. Phone	11. Email	ad 1	ς	
262-306-2900	td @ casagua	adailipe onli	ine.org	
12. Organization type (check one)				
-	Church Fair Associa	tion/Agricultural Socie	ety 🔲 Vetera	n's Organization
☐ Lodge/Society ☐	Chamber of Commerce or similar	ar Civic or Trade Org	anization under ch.	181, Wis. Stats.
13. Is this organization required to h	hold a Wisconsin Seller's permit?	FACE - 12-100 FAST - 1904 - 1		Yes W
14. Wisconsin Seller's Permit Number (
14. Wisconsin Seliel's Fermit Number ((ii applicable)			
Part B: Individual Information	n			
List the name, title, and phone nur	mher for all officers, directors, an	d agent of the organ	ization Include on	Individual Occupios
(Form AB-100) for each person list	ited below. Attach additional shee	ts if necessary.	ization. Include an	Individual Questionnaire
Corporations must also include Ald	cohol Beverage Appointment of A	gent (Form AB-101).		
Last Name	First Name	Title		Phone
Rodriguez	Kevin	President	4	114-828-2508
Batterman	Jessica	Vice Presi	da L-	162-339-1569
Waala	Shelly	Secretan		262-769-3289

 $Continued \rightarrow$

262-707-9422

Part C: Event Information	
Name of Event (if applicable)	15 . 1
Latino American Beach Fest	tiva 1
2 Dates of Operation	3. Hours of Operation
Friday July 12 and Satur	day July 13, 20, 12:00 NOON - 11:00 p. M.
4. Premises Address) / / - 4
2111 Pierce 5t.	6. State 7. Zip Code
5. City	wi. 54241
Two Rivers	
8. County 9. Governing Munici	pailty City Li Town Li Village 16.7 identification 25.000
11. Organizer of Event (if not the named applicant)	12. Email and/or Phone Number for Organizer of Event Phone \$ 920
- M	riograndevalley 5 egmail-com 933-0681
13. Organizer Website	14. Event Website
15. Organizer vvebsite	Facebook , Latino-American Beach Festiva
Describe the building or buildings	and any outside areas where alcohol beverages and records are sold,
stored, or consumed, and related records are kept. Descr alcohol beverage activities and storage of records may or	cour only on the premises described in this application. Attach a map
TIN Pa	rking Lot Beer 7
77/01	par (served)
	Par CHere
POTACY SE TE	the Next Rotary Pavillian
- AND V	the Next Rotary Pavillion
Part D: Attestation	
Who must sign this application?	
one officer or director of the nonprofit organization	' and a second of the second
truthfully. I agree that I am acting solely on behalf of the ap seeking the license. Further, I agree that the rights and resp to another individual or entity. I agree to operate according	f law, I have answered each of the above questions completely and plicant organization and not on behalf of any other individual or entity onsibilities conferred by the license(s), if granted, will not be assigned to the law, including but not limited to, purchasing alcohol beverages k of access to any portion of a licensed premises during inspection will
he deemed a refusal to allow inspection. Such refusal is a r	misdemeanor and grounds for revocation of this license. I understand
that any license issued contrary to Wis. Stat. Chapter 125 s	hall be void under penalty of state law. I further understand that I may 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.
	First Name M.I
Gutherrez Gurrola	Phone
Title Email	Maria Casquadalupe online.org 262 306 2900
-,	Date
Signature May 11	
11/000	
Part E: For Clerk Use Only	License Number
Date Application Was Filed With Clerk	License Number
	Date License Issued
Date License Granted	Date Election loaded
Cianahusa of Clark/Doputh Clark	
Signature of Clerk/Deputy Clerk	



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

Casa Guadalupe Education Center Organization

Signature

Carloss-Muñoz

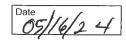
Printed Name

05/16/24 Date

Form

AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)		
Original (no fee) Successor (\$10 fee for i	municipal licensees only)	
Part A: Business Information		
Legal Business Name (individual name if sole proprietor)	1	
Casa 6 vada upo Educat	ion Center	
2. Business Trade Name or DBA		
3. Entity Type (check one) Limited Liability Compar	ny Corporation	onprofit Organization
Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit	5. If successor agent, provide State Permit or I	Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor	or is checked above.	
, , , , , , , , , , , , , , , , , , ,		
Part B: Agent Information		
1. Last Name	2. First Name	3. M.I.
Munoz	Carlos	5
4. Email	,	5. Phone
riogrande Valley 5 (Igma 6. Home Address	il · com	920-933-0681
6. Home Address		
1206 chio Str		
7. City	8. State 9. Zip Code	10. Age
05h 15054	W1 54902	72
11. Drivers License/State ID Number	12. Drivers License/State ID	
M520-1175-1178-04	Wiscons	in
Part C: Agent Questions	\	
	dia a consideration 10	
 Have you satisfied the responsible beverage server train Submit proof of completion. 	ing requirement?	Yes No
 Have you completed Form AB-100, Alcohol Beverage In- Submit a completed Form AB-100 with this form. 	dividual Questionnaire?	Yes No
3. Have you been a Wisconsin resident for at least 90 conti	inuous days?	
		. Total and a second of the se

	Part D: Business Attestation			
	READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor age I understand that I may be prosecuted for submitting false any person who knowingly provides materially false inform if convicted.	npany with full authority and co authorized by the above-named int, I rescind all previous agent a e statements and affidavits in co	ntrol of the premises and entity to authorize this ind appointments for this premonnection with this applica-	of all alcohol dividual to act nises. Further, ation, and that
	Last Name Muno2	First Name Parlos		M.I.
ر	Title Agent riogn Signature Poulos S. mun	and evalley 5@g	Mail Com 920	-933-06s
	Part E: Agent Attestation	3		
	READ CAREFULLY BEFORE SIGNING: I, the Agent, here nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000.	sume full responsibility for the or understand that I may be pros any person who knowingly prov	onduct of all alcohol bever secuted for submitting fals	rage activities se statements
	Last Name Mano -	First Name Carlos		M.I.
	Signature Corlos S Muin	4	Date	

Form **AB-100**

Alcohol Beverage Individual Questionnaire

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
 members and agent of a limited liability company
- · all partners of a partnership

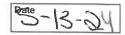
Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information				April 19 miles
Legal Business Name (individual name if sole proprietor)	1	()	4	
(asa Guadalupe E	duca	tion Ce	nt	er
2. Business Trade Name or DBA			- (1	
	•	*		
3. Entity Type (check one)				
Sole Proprietor Partnership Limited	Liability Compa	ny Corporation		Nonprofit Organization
5 5 5 6				
Part B: Individual Information				
1. Last Name	2. First Name			3. M.I.
Batterman	T	essica		1_
4. Relationship to Business (Title) 5. Email			6	. Phone
Board Vice President I batte	erman216	Damail.com		262-339-1569
7. Home Address		J		1 301 104
107 Lawel Dr. S				
8. City	9. State	10. Zip Code	1	1. Date of Birth
West Bend	WI	53095		2/11/1991
12. Drivers License/State ID Number		13. Drivers License/Stat	e ID State	of Issuance
B365-4329-1951-08		Wisconsi	A	
Part C: Address History				NATE OF A STATE OF ST
Do you currently reside in Wisconsin?	V Col X FR A IS		225	N Ver D Ve
		5 6	1997 8 1991	Yes No
If yes to 1 above, how long have you continuously lived in	n Wisconsin prio	r to the date of application	n?	Years Months
				32 6
2. List in chronological order all of your addresses within the	last 5 years. At	tach additional sheets if	necessar	у.
Previous Address 1	City		State	Zip Code
3000 Hidden Lake Dr. #205	Brook.	field	WI	53005
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 additiona	I sheets if necessary		
State County State County	State	County	State	County
WF Milwankee WI Wankes		Washington	Giale	County
State County State County	State	County	State	County
	1		Cidle	County

Part D: Criminal History	economic Bright		
Have you ever been convicted of any offenses (e for violation of any federal, Wisconsin, or another			
If yes to question 1, please list details of each co	nviction below. Attach a	dditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
ordinances? If yes to question 2, describe nature and status sheets as needed.			Yes No
Part E: Attestation	TO THE ROOM PARK	or latter of exemple, year to see a total	amidostala attect (n.
READ CAREFULLY BEFORE SIGNING: Under truthfully. I certify that I am not prohibited from pa beverage industry as a restricted investor. I under under penalty of state law. I further understand that with this application, and that any person who know to forfeit not more than \$1,000 if convicted.	irticipating in this busing erstand that any license t I may be prosecuted f	ess due to any involvement in anoth is issued contrary to Wis, Stat. Chap or submitting false statements and af	ner tier of the alcohol ter 125 shall be void fidavits in connection
Signature Box		Date 5/13 /:	24
V		/ /	

Form **AB-100**

Alcohol Beverage Individual Questionnaire



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
 members and agent of a limited liability company
- · all partners of a partnership

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

Part A: Business Info	ormation						
1. Legar Business Name (inc	vada	e proprietor)	Edu	/C	ation	Cen	tor
2. Business Trade Name or	DBA)					
	·		5.5.5				
3. Entity Type (check one)	C Dodasahi	- Paris I incidend	l I iakiik. O		🗆 🙃	minutes (ME) A	1
Sole Proprietor	☐ Partnership		Liability Co	ompa	пу 🔲 Согр	oration 🗀	Nenprefit Organization
Part B: Individual Inf	ormation						
1. Last Name V	nala		2. First N	Name <	Shelly		3. M.I.
4. Relationship to Business	(Title)	5. Email	2)[0	(1)	aalaa	5	Phone
7. Home Address	ture his	25		V	mhao.	com	309-3189
8. City Nest	Bend		9. \$	State	10. Zip Code	195	1. Date of Birth
12. Drivers License/State ID	Number	O 07			13. Drivers Lice	ense/State ID State	of Issuance
M400181	6 76	8-01			Wi		
Part C: Address Hist	ory		STATE OF				计算,在15年的
Do you currently reside	e in Wisconsin?						Yes No
If yes to 1 above, how	long have you o	optimuously lived i	in Minesonsi	in neio	unto the data of a		Years Months
il yes to 1 above, now	long have you o	onundously lived	III AAISCOHSI	in buc	i to the date of a	ipplication?	19 0
2. List in chronological or	der all of your ac	dresses within th	e last 5 yea	ars, A	ttach additional s	heets if necessar	у.
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				-
Frevious Address 4			City			State	Zip Code
Previous Address 5	-		City			State	Zip Code
							Lip occo
3. List all states and cour	nties you have liv	ed in as an adult.	. Attach add	ditiona	al sheets if neces	sary.	
State County	State	County	St	tate	County	State	County
State County	State	County	St	tate	County	State	County

Continued →

Part D: Criminal History	Land systematical		
Have you ever been convicted of any offer for violation of any federal, Wisconsin, or a lf yes to question 1, please list details of e	another state's laws or of any c	ounty or municipal ordinances?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently perbeverages) for violation of any federal, Wiordinances? If yes to question 2, describe nature and sheets as needed.	isconsin, or another state's law	s or any county or municipal	Yes No
Part E: Attestation			

Form		
A	B-1	00

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. Legin Business Name (individual name if sole proprietor) 2. Business Trade Name or DBA 3. Entity Type (check one) Nonprofit Organization Sole Proprietor Partnership Limited Liability Company Corporation Part B: Individual Information 1. Last Name 2. First Name 3. M.I. DIE SSEN 4. Relationship to Business (Title) 5. Email reasure 7. Home Address 623 8. City 10. Zip Code 9. State 11. Date of Birth 53095 WI 12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance 4 Part C: Address History X Yes No. If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years Months 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 County State County State County State County WI State State County State State County County

Part D: Criminal History		HIPCH THE STATE OF	
 Have you ever been convicted of any offenses for violation of any federal, Wisconsin, or anoth 	ner state's laws or of any	county or municipal ordinances?	ges) Yes X No
If yes to question 1, please list details of each	conviction below. Attach a	dditional sheets as needed.	
_aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
_aw/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Part E: Attestation		16 Feb. 20 19 - 18 - 20 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18	
READ CAREFULLY BEFORE SIGNING: Un truthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I under penalty of state law. I further understand with this application, and that any person who to forfeit not more than \$1,000 if convicted.	n participating in this bus inderstand that any licens I that I may be prosecuted	ness due to any involvement in a se issued contrary to Wis. Stat. C for submitting false statements ar	chapter 125 shall be voiced affidavits in connection
Signature Diessin		Date 5/13/2) 4

Form			
Α	B-1	00	

Alcohol Beverage Individual Questionnaire

Date	7.7	

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
 members and agent of a limited liability company
- · all partners of a partnership

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

Part A: Business information					Zum Mer West de March
1. Legal Business Name (individual name if sole pro	oprietor)	uca	ction C.	ont	er-
2. Business Trade Name or DBA					
	·			•	
3. Entity Type (check one)					
Sole Proprietor Partnership	Limited Liabilit	y Compan	y Corporation		Ionprofit Organization
Part B: Individual Information			SPECIAL SECTION		
1. Last Name	2. Fi	rst Name			3. M.I.
Rodriquez		Kevil)		G
4. Relationship to Business (Title)	5. Email		1.2	, 6.	. Phone
Board Prosident	bod @ma	raine C	asaguadalupio	nline org	(414) 828-250
7. Home Address 1719 Taft Ave Apt	E3		9)	
8. City		9. State	10. Zip Code	11	1. Date of Birth
Oshkosh		WI	54902		9/14/1984
12. Drivers License/State ID Number			13. Drivers License/Sta	te ID State	of Issuance
R362-5078-4334-08 WI		WI			
Part C: Address History				tanah s	
Do you currently reside in Wisconsin?	er navi krose a njer nose	* 1007 1		*(*(• • • • • •)	Yes No
If yes to 1 above, how long have you contin	nuously lived in Wisc	onsin prio	r to the date of applicati	on?	Years Months
2. List in chronological order all of your addre	sses within the last 5	years. At	tach additional sheets if	necessary	/ .
Previous Address 1	City	. 14 3	- 111	State	Zip Code
82 Modeingbird Ln	1	lorth t	ory av Lac	WI	54937
Previous Address 2 129 Elm St Apt 4	City	VAWES	ford du Lac kum	State	Zip Code 53 o 40
Previous Address 3	/ Citv				7in Code
Previous Address 5	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 i	in as an adult. Attach	additiona	I sheets if necessary.	V-1	
State County State Co	ounty	State	County	State	County
TX Fort Worth					
State County State Co	ounty	State	County	State	County
· · · · · · · · · · · · · · · · · · ·		-	,		

Continued →

Part D: Criminal History	STRUCTURE LANG		Z-100-100	0.95804	
Have you ever been convicted of any offenses	(excluding traffic offenses	Linless related to alcohol hovernoon			
for violation of any federal, Wisconsin, or anoth	er state's laws or of any o	county or municipal ordinances?	Yes	П No	
If yes to question 1, please list details of each of					
Law/Ordinance Violated	Location		Conviction	Date	
OWI	Milwade	41	2010	2010	
Penalty Imposed		146-2-2-1-1			
Guity		Was sentence completed?	. Yes	∐ No	
Law/Ordinance Violated	Location	- 11	Conviction	Date	
Penalty Imposed					
		Was sentence completed?	Yes	☐ No	
Law/Ordinance Violated	Location		Conviction I	Date	
Donolly Iron and					
Penalty Imposed		Was sentence completed?	🗌 Yes	☐ No	
If yes to question 2, describe nature and status sheets as needed.	s of pending charges usin	ng the space below. Attach additiona	al ·		
Part E: Attestation			(discount)	Marie J	
READ CAREFULLY BEFORE SIGNING: Under truthfully. I certify that I am not prohibited from pa beverage industry as a restricted investor. I under under penalty of state law. I further understand that with this application, and that any person who known to forfeit not more than \$1,000 if convicted. Signature	articipating in this busines erstand that any license i at I may be prosecuted for	ss due to any involvement in another issued contrary to Wis. Stat. Chapter submitting false statements and affilly false information on this application.	er tier of the a er 125 shall t	alcohol be void	