

Temporary Alcohol Beverage License

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

**Part A: Organization Information**

1. Organization Name  
TWO RIVERS FISH DERBY, INC (FOUNDATION OF KIWANIS CLUB OF TWO RIVERS)

2. Organization Permanent Address  
P.O. Box 34

3. City  
TWO RIVERS

4. State  
WI

5. Zip Code  
54241

6. Mailing Address (if different from permanent address)

7. FEIN  
27-2071955

8. Date of Organization/Incorporation  
7/7/1966

9. State of Organization/Incorporation  
WI

10. Phone  
920-323-3050  
920-793-2638

11. Email  
nrichter4968@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
MACMILLIN	AMY	PRESIDENT	920-973-0761
MOORE	MARVIN	VICE PRESIDENT	608-438-3093 <del>920-553-7570</del>
HEAP	SHERI	SECRETARY	920-973-0767
RICHTER	NANCY	TREASURER	920-323-3050
ANDERSON	MONTANA	AGENT	920-681-1388

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) <b>TWO RIVERS FISH DERBY + FESTIVAL</b>			
2. Dates of Operation <b>July 20-21, 2024</b>		3. Hours of Operation <b>SAT - 9 AM to 10:30 PM</b> <b>SUN - 9 AM to 5:30 PM</b>	
4. Premises Address <b>corner of Polk St + 22nd St, (Walsh Field)</b>			
5. City <b>TWO RIVERS</b>		6. State <b>WI</b>	7. Zip Code <b>54241</b>
8. County <b>MANITOWOC</b>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <b>TWO RIVERS</b>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <b>NANCY L. RICHTER</b>		12. Email and/or Phone Number for Organizer of Event <b>920-323-3050</b>	
13. Organizer Website <b>---</b>		14. Event Website <b>www.trkiwanis.org</b>	
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. <b>Will be selling beer out of 40' x 100' tent southwest of ball diamond. Selling premises is inside of chain link fence around field. Will be wrist banding adults of legal drinking age.</b>			

**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 <b>RICHTER</b>		First Name <b>NANCY</b>		M.I. <b>L</b>
Title <b>TREASURER</b>	Email <b>nrichter4968@gmail.com</b>		Phone <b>920-323-3050</b>	
Signature <b>Nancy L. Richter</b>			Date <b>5-8-24</b>	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	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

Two Rivers Fish Derby, Inc  
Organization (FOUNDATION OF KIWANIS CLUB OF TWO RIVERS)

Nancy L. Richter, TREASURER  
Signature

NANCY L. RICHTER  
Printed Name

5-8-24  
Date

## Alcohol Beverage Appointment of Agent

Date

**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)

*TWO RIVERS FISH DERBY, INC.*

2. Business Trade Name or DBA

3. Entity Type (check one)

- Limited Liability Company       Corporation       Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License       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

*Anderson*

2. First Name

*Montana*

3. M.I.

*R*

4. Email

*montanarae93@gmail.com*

5. Phone

*920-681-1388*

6. Home Address

*1620-29th Street*

7. City

*Two Rivers*

8. State

*WI*

9. Zip Code

*54241*

10. Age

*30*

11. Drivers License/State ID Number

*A536-5569-3890-00*

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	MacMillin	First Name	Amy	M.I.	J
Title	President	Email	homes4uamye@gmail.com	Phone	820-973-0761
Signature				Date	5/01/2024

**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	Anderson	First Name	Montana	M.I.	R
Signature				Date	5/01/2024

# Alcohol Beverage Individual Questionnaire

Date
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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.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <i>TWO RIVERS FISH DERBY, INC.</i>	
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 type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>				
1. Last Name <i>MacMillin</i>		2. First Name <i>Am Y</i>		3. M.I. <i>J</i>
4. Relationship to Business (Title) <i>President</i>		5. Email <i>homesteamya@gmail.com</i>		6. Phone <i>920-973-0261</i>
7. Home Address <i>2830 - 34th St.</i>				
8. City <i>Two Rivers,</i>		9. State <i>WI</i>	10. Zip Code <i>54241</i>	11. Date of Birth <i>7/10/1964</i>
12. Drivers License/State ID Number <i>M254-0006-4750-03</i>			13. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

<b>Part C: Address History</b>					
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 <i>32</i>	Months <i>3</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>SAME AS ABOVE</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>IL</i>	County <i>COOK</i>	State <i>WI</i>	County <i>Calumet</i>	State	County
State <i>WI</i>	County <i>Grant</i>	State <i>WI</i>	County <i>Manitowoc</i>	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 04/29/2024



## Alcohol Beverage Individual Questionnaire

Date
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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 FISH DERBY, INC.</i>	
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 type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <i>MOORE</i>	2. First Name <i>MARVIN</i>	3. M.I. <i>R</i>		
4. Relationship to Business (Title) <i>OFFICER (VICE PRES.)</i>	5. Email <i>marvmoore4@hotmail.com</i>	6. Phone <i>608 438-3093</i>		
7. Home Address <i>10925 MEADOW DRIVE</i>				
8. City <i>TWO RIVERS</i>	9. State <i>WI</i>	10. Zip Code <i>54241</i>	11. Date of Birth <i>5-11-78</i>	
12. Drivers License/State ID Number <i>M600-5967-8171-02</i>		13. Drivers License/State ID State of Issuance <i>WI</i>		

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%; text-align: center;">Years <i>19</i></td> <td style="width: 50%; text-align: center;">Months</td> </tr> </table>	Years <i>19</i>	Months
Years <i>19</i>	Months					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.						
Previous Address 1 <i>SAME AS ABOVE</i>	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 <i>WI</i>	County <i>MANITOWOC</i>	State	County	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  Date 4-29-24

## Alcohol Beverage Individual Questionnaire

Date
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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.

<b>Part A: Business Information</b>				
1. Legal Business Name (individual name if sole proprietor)				
Two Rivers Fish Derby, Inc.				
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 type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>				
1. Last Name		2. First Name		3. M.I.
Heap		Sheri		L
4. Relationship to Business (Title)		5. Email		6. Phone
Secretary		paysiniv@ gmail. com		920.973.0767
7. Home Address				
2007 30 <sup>th</sup> St.				
8. City		9. State	10. Zip Code	11. Date of Birth
Two Rivers		WI	54241	11.7.1971
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	
H100-7927-1907-09			WI	

<b>Part C: Address History</b>				
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 7
				Months 1
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
1817 22 <sup>nd</sup> St.		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
WI	Manitowoc	IL	Grundy	
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

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 *Shari L. Heap* Date 4.29.2024

## Alcohol Beverage Individual Questionnaire

Date
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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.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <b>TWO RIVERS FISH DERBY, INC</b>	
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 type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>				
1. Last Name <b>RICHTER</b>		2. First Name <b>NANCY</b>		3. M.I. <b>L</b>
4. Relationship to Business (Title) <b>TREASURER</b>		5. Email <b>nrichter4968@gmail.com</b>		6. Phone <b>920-793-2638</b> or <b>920-323-3050</b>
7. Home Address <b>605-22ND ST.</b>				
8. City <b>TWO RIVERS</b>		9. State <b>WI</b>	10. Zip Code <b>54241</b>	11. Date of Birth <b>12/14/49</b>
12. Drivers License/State ID Number <b>R236-6324-9954-00</b>			13. Drivers License/State ID State of Issuance <b>WI</b>	

<b>Part C: Address History</b>					
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 <b>74 +</b>	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		
<b>SAME AS ABOVE</b>					
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
<b>WI</b>	<b>MANITOWOC</b>				
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 <i>Nancy L. Richter</i>	Date 4.29.24
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## 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.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <i>TWO RIVERS FISH DERBY, INC</i>	
2. Business Trade Name or DBA <i>NR</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	

<b>Part B: Individual Information</b>			
1. Last Name <i>Anderson</i>		2. First Name <i>Montana</i>	
4. Relationship to Business (Title) <i>Agent</i>		5. Email <i>montanarae93@gmail.com</i>	3. M.I. <i>R</i>
6. Phone <i>9206611300</i>		7. Home Address <i>1620 29th St</i>	
8. City <i>TWO RIVERS</i>	9. State <i>WI</i>	10. Zip Code <i>54241</i>	11. Date of Birth <i>10/30/93</i>
12. Drivers License/State ID Number <i>A5365569309000</i>		13. Drivers License/State ID State of Issuance <i>WI</i>	

<b>Part C: Address History</b>			
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? . . . .			3. Months <i>5</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <i>6175 Rawley Rd</i>		City <i>TWO RIVERS</i>	State <i>WI</i>
Previous Address 2		City	State
Previous Address 3		City	State
Previous Address 4		City	State
Previous Address 5		City	State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <i>WI</i>	County <i>Manitowish</i>	State	County
State <i>IA</i>	County <i>Dubuque</i>	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 <i>OW</i>	Location <i>Dubuque IA</i>	Conviction Date <i>2023</i>
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 *Walter Orr* Date *05/07/24*