

## 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	\$ 10.00
		Background Check	\$
		Total Fees	\$ 10.00

## Part A: Organization Information

1. Organization Name

Friends of the Two Rivers Senior Center

2. Organization Permanent Address

1520 17th Street

3. City

Two Rivers

4. State

WI

5. Zip Code

54241

6. Mailing Address (if different from permanent address)

7. FEIN

20-8157672

8. Date of Organization/Incorporation

9/13/07

9. State of Organization/Incorporation

Wisconsin

10. Phone

920-793-5596

11. Email

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)

456-0000554400-02

## 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
Bauknecht	Sharm	President	920-819-9052
Klein	Jan	Vice President	920-323-4986
Kadow	Ruth	Secretary	920-901-5985
Plansky	Ann	Financial Secretary	920-323-5027
Schmidt	Cindy	Treasurer	920-901-7449

Continued →

### Part C: Event Information

1. Name of Event (if applicable)

Winter Hangout at Washington Park

2. Dates of Operation

1/30/2026

3. Hours of Operation

5:30 - 8:30 pm

4. Premises Address

2900 Adams Street

5. City

Two Rivers

6. State

WI

7. Zip Code

54241

8. County

Manitowoc

9. Governing Municipality

City  Town  Village

of: Two Rivers

10. Aldermanic District

11. Organizer of Event (if not the named applicant)

Friends of the Two Rivers Senior Center

12. Email and/or Phone Number for Organizer of Event

Free mikmat@two-rivers.org

13. Organizer Website

14. Event Website

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.

Washington park in Two Rivers, including the shelter and Bathrooms will be utilized.

### 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	First Name	M.I.
Bauknecht	Sharon	
Title	Email	Phone
President		920-819-9052
Signature	Date	
	1-8-26	

### Part E: For Clerk Use Only

Date Application Was Filed With Clerk

License Number

TMP-2403

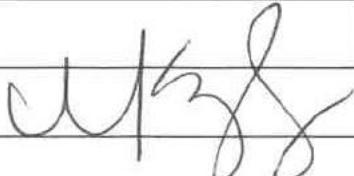
Date License Granted

Date License Expired

1-19-2026

1-20-2026

Signature of Clerk/Deputy Clerk



**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)

*Friends of the Two Rivers Senior Center*

2. Business Trade Name or DBA

*Friends of the Two Rivers Senior Center*

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

*O'Connor*

2. First Name

*Megan*

3. M.I.

*E*

4. Email

*megoco@two-rivers.org*

5. Phone

*920-793-5597*

6. Home Address

*1713 24th Street*

7. City

*Two Rivers*

8. State

*WI*

9. Zip Code

*54241*

10. Age

*39*

11. Drivers License/State ID Number



12. Drivers License/State ID State of Issuance

*Wisconsin***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 →*

**Alcohol Beverage  
Individual Questionnaire**Date **1/7/26**

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)

**Friends of the Two Rivers Senior Center**

2. Business Trade Name or DBA

3. Entity Type (check one)

 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization**Part B: Individual Information**

1. Last Name

**O'Connor**

2. First Name

**Megan**

3. M.I.

**E**

4. Relationship to Business (Title)

**representative**

5. Email

**megoco@two-rivers.org**

6. Phone

**920-743-5597**

7. Home Address

**1713 24th Street**

8. City

**TWO Rivers**

9. State

**WI**

10. Zip Code

**54241**

11. Date of Birth

**11/08/1986**

12. Drivers License/State ID Number

**[REDACTED]**

13. Drivers License/State ID State of Issuance

**WISCONSIN****Part C: Address History**1. Do you currently reside in Wisconsin?  Yes  No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . . .

**Years 39 Months 2**

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

Previous Address 1

**502 Waldo Blvd**

City

**Manitowoc**

State

**WI**

Zip Code

**54220**

Previous Address 2

**2411 34th St.**

City

**Two Rivers**

State

**WI**

Zip Code

**54241**

Previous Address 3

**1713 24th St.**

City

**Two Rivers**

State

**WI**

Zip Code

**54241**

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 <b>WI</b>	County <b>Dane</b>	State <b>WI</b>	County <b>Lafayette</b>	State <b>WI</b>	County <b>Manitowoc</b>	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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

1/7/2021

**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	First Name	M.I.
Title	Email	Phone
Signature	Date	

**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>O'Connor</i>	First Name <i>Megan</i>	M.I. <i>E</i>
Signature 	Date <i>1/7/2026</i>	



# 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 the Two Rivers Senior Center  
Organization

  
Signature

Megan E. O'Connor  
Printed Name

1/7/2024

Date