

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

Part A: Organization Information				
1. Organization Name <i>Catholic Schools</i>				
2. Organization Permanent Address <i>Roncalli Athletic Association</i>				
3. City <i>Manitowoc</i>			4. State <i>WI</i>	5. Zip Code <i>54220</i>
6. Mailing Address (if different from permanent address)				
7. FEIN <i>39-1046808</i>	8. Date of Organization/Incorporation <i>1969</i>		9. State of Organization/Incorporation <i>Wisconsin</i>	
10. Phone <i>920-686-8148</i>	11. Email <i>nathan.kaderabek@roncalli.catholic.schools.org</i>			
12. Organization type (check one)				
<input checked="" type="checkbox"/> Bona Fide Club <input checked="" 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) <i>~~~~~</i>				

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
<i>Anschutz</i>	<i>David</i>	<i>Director</i>	<i>920-905-2317</i>

Continued →

Part C: Event Information

1. Name of Event (if applicable) <i>TRCCS Volleyball Tournament</i>		
2. Dates of Operation <i>March 1st + 2nd, 2025</i>		3. Hours of Operation <i>7:30 am - 11:30 pm</i>
4. Premises Address 1717 E. Park St. 1710 W. Park Street		
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>	
11. Organizer of Event (if not the named applicant) <i>David J. Anschutz</i>		12. Email and/or Phone Number for Organizer of Event <i>daveanschutz@gmail.com</i>
13. Organizer Website <i>~~~~~</i>		14. Event Website <i>~~~~~</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>Community House, Gym, Lobby, Kitchen</i>		

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 <i>Anschutz</i>		First Name <i>David</i>		M.I. <i>J.</i>
Title <i>Tournament Director</i>		Email <i>daveanschutz@gmail.com</i>		Phone <i>920-905-2317</i>
Signature <i>David J. Anschutz</i>			Date <i>2/5/25</i>	

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	

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)

David J. Anschutz

2. Business Trade Name or DBA

Roncalli Athletic Association Catholic Schools

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

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6. Describe the reason for appointing a successor agent, if successor is checked above.

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Part B: Agent Information

1. Last Name

Anschutz

2. First Name

David ~~David~~

3. M.I.

J.

4. Email

daveanschutz@gmail.com

5. Phone

920-905-2317

6. Home Address

3412 Garfield St.

7. City

Two Rivers

8. State

WI

9. Zip Code

54241

10. Age

66

11. Drivers License/State ID Number

A523-1705-8133-05

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 →

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 <i>Anschutz</i>		First Name <i>David</i>		M.I. <i>J.</i>
Title <i>Tournament Director</i>		Email <i>daveanschutz@gmail.com</i>		Phone <i>920-905-2317</i>
Signature <i>David J Anschutz</i>			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>Anschutz</i>		First Name <i>David</i>		M.I. <i>J.</i>
Signature <i>David J Anschutz</i>			Date <i>2/5/25</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

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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

Catholic Schools
Roncalli Athletic Association

Organization

David J Anschutz

Signature

David J. Anschutz

Printed Name

2/5/25

Date