



# CITY COUNCIL MEETING

Monday, February 16, 2026 at 6:00 PM

Council Chambers - City Hall, 3rd Floor  
1717 E. Park Street, Two Rivers, WI 54241

## AGENDA

**NOTICE:** Arrangements for Addressing the City Council by Telephone, During Public Hearings or Input from the Public can be made by Contacting the City Manager's Office at 920-793-5532 or City Clerk's Office at 920-793-5526 by 4:00 p.m. on the day of the meeting

**1. CALL TO ORDER**

**2. PLEDGE OF ALLEGIANCE**

**3. ROLL CALL BY CITY CLERK**

Councilmembers: Mark Bittner, Doug Brandt, Shannon Derby, Bill LeClair, Darla LeClair, Tim Petri, Bonnie Shimulunas, Scott Stechmesser, Adam Wachowski

**4. CONSIDERATION OF ANY COUNCIL MEMBER REQUESTS TO PARTICIPATE IN THIS MEETING FROM A REMOTE LOCATION**

**5. INTRODUCTION OF INVITED GUESTS**

**A.** Tourism Director Joe Metzen

**6. INPUT FROM THE PUBLIC**

Limited to 3 minutes per person - Resident addresses are requested but are not required to be given

**7. COUNCIL COMMUNICATIONS**

Letters and other communications from residents

**8. COUNCIL REPORTS FROM BOARDS/COMMISSIONS/COMMITTEES**

**9. CONSENT AGENDA**

These titles will be read by the Council President and approved by a single Voice Vote. Any item may be pulled from the Consent Agenda for discussion and separate vote by any City Council member.

**A. 26-021 Presentation of Minutes**

1. City Council Regular Meeting, February 2, 2026

**B. 26-022 Minutes of Meetings**

1. Public Utilities Committee, January 5, 2026
2. Library Board, January 13, 2026
3. Business and Industrial Development Committee and Community Development Authority, January 27, 2026
4. Committee On Aging, February 2, 2026
5. Plan Commission, February 9, 2026
6. Advisory Recreation Board, February 11, 2026

**C. 26-023 Summary of Verified Bills for January 2026 of \$7,099,014.32**

**D. 26-024 Applications and Petitions**

1. Temporary Class "B" Beer License for Two Rivers Main Street, Great TRivia Contest, Friday, March 20, 2026, at 1710 W Park Street
2. Temporary Class "B" Beer License for Two Rivers Main Street, Cool City Classic Car Show, Friday and Saturday, June 26 and 27, 2026, at 1700 Washington Street
3. Temporary Class "B" Beer License for Two Rivers Main Street, Bryan Lee Memorial Blues Festival, Saturday, July 11, 2026, at 1700 Washington Street
4. Application for a Temporary Class "B" Beer License for Two Rivers Main Street, Ethnic Fest, Saturday, September 19, 2026, at 1700 Washington Street
5. Application for a Temporary Class "B" Beer License for Two Rivers Youth Sports, Price is Right Game Show Event, Saturday, February 28, 2026, at 1710 W Park Street

**RECOMMENDED ACTION FOR CONSENT AGENDA**

**Motion to approve the Consent Agenda as presented**

**10. CITY COUNCIL - FORMAL ITEMS**

**A. 26-025 New Class "B" / "Class B" License for Chivolin Two Rivers LLC, dba Casa Chivolin, 816B 22nd St, Luis Alvarez, Agent for a period ending June 30, 2026**

**Summary:** This license will allow Casa Chivolin restaurant to serve fermented malt beverages, liquor, and wine in their establishment.

**Recommended Action:**

Motion to authorize the City Clerk to issue the license pending approval of inspections and background check

**B. 26-026 Resolution Authorizing the Issuance and Establishing Parameters For the Sale of Not to Exceed \$2,565,000 General Obligation Promissory Notes**

**Summary:** The proposed resolution establishes the borrowing parameters for the City's 2026 capital improvement program. The property tax levy-supported portion of borrowing is projected at \$2,215,000, with an additional \$350,000 supported by the Electric Utility, for a total of \$2,565,000.

The City continues to retire more debt than it issues, with approximately \$2.6 million retired in 2025 and an additional \$2.7 million scheduled for retirement in 2026, resulting in a declining overall debt load.

The borrowing supports proactive replacement of aging equipment and critical maintenance to reduce long-term costs and avoid more expensive emergency repairs.

The resolution does include \$255,000 for the Neshotah Beach Concessions project but inclusion of this amount does not obligate the City to proceed with the renovation project and if the project does not move forward, the funds may be carried forward to offset 2027 capital borrowing.

The proposed 2026 borrowing remains well within the City's legal debt limit and conservative debt policy thresholds.

**Recommended Action:**

Motion to waive reading and adopt the resolution

**C. 26-027 Award of bid for Contract 2-2026, Lateral Replacement Program, scattered locations on the City's near north side**

**Summary:** Contract 2-2026 is this year's lead water service and sanitary lateral replacement contract. The near north side of the city is this contract's targeted area from 23rd Street north to 31st Street east of Forest Avenue to the East Twin River, excluding a few areas that are proposed for future reconstruction. This contract proposes to complete 230 public side water services, 160 private side water services and 100 public side sanitary laterals. Pavement restoration is proposed to be completed by Public Works - Street Section as a force account activity that would be reimbursed as part of the WDNR funding.

**Recommended Action:**

Motion to award the contract to Mammoth Construction LLC of Manitowoc, based on its lowest qualified bid, in the amount of \$2,437,152.60

**12. CITY MANAGER'S REPORT**

**13. FOR INFORMATION ONLY-**

- **Two Rivers Brand Review Meeting,**  
Wednesday, February 18, 2026, 6:00 PM
- **City Council Work Session,** Monday, February 23, 2026, 6:00 PM
- **City Council Listening Session,** Thursday, February 26, 2026, 6:00 PM
- **Hamilton Property Community Visioning Process Phase 2 Meeting,**  
Wednesday, February 25, 2026, 5:30 PM
- **Hamilton Property Community Visioning Process Phase 2 Meeting (secondary option)**  
Saturday, February 28, 2026, 10:00 AM
- **Public hearing on a proposed ordinance to amend the zoning code to re-zone the former Hamilton Property, from I-1 (Industrial) to B-1 (Business), located at Parcel No. 053-000-052-030.05, submitted by the City of Two Rivers, currently owned by Fischer Scientific INTL LLC,** Monday, March 2, 2026, 6:00 PM

**14. ADJOURNMENT**

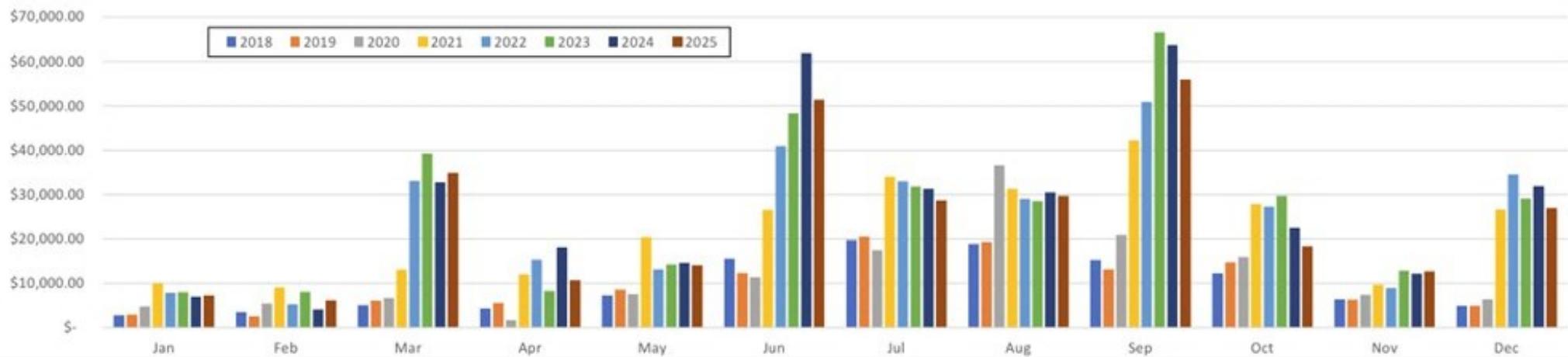
Motion to dispense with the reading of the minutes of this meeting and adjourn

*In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA), the City of Two Rivers will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. If you need assistance or reasonable accommodations in participating in this meeting or event due to a disability as defined under the ADA, please call the City Clerk's office at 920-793-5526 or email [clerk@two-rivers.org](mailto:clerk@two-rivers.org) at least 48 hours prior to the scheduled meeting or event to request an accommodation. For additional assistance, individuals with hearing or speech disabilities can call 711 and be connected to a telephone relay system.*

*It is possible that members of and possibly a quorum of governmental bodies of the municipality may be in attendance at the above stated meeting to gather information; no other action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.*

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Section 5, ItemA. I
2018	\$ 2,741.75	\$ 3,560.22	\$ 5,036.50	\$ 4,366.85	\$ 7,245.00	\$ 15,577.92	\$ 19,712.52	\$ 18,853.37	\$ 15,279.77	\$ 12,198.46	\$ 6,371.00	\$ 5,435.43	
2019	\$ 2,947.91	\$ 2,604.63	\$ 6,052.63	\$ 5,568.34	\$ 8,607.82	\$ 12,336.87	\$ 20,505.69	\$ 19,244.25	\$ 13,170.07	\$ 14,719.81	\$ 6,332.72	\$ 4,914.66	\$ 117,005.40
2020	\$ 4,765.02	\$ 5,384.00	\$ 6,690.51	\$ 1,637.77	\$ 7,534.11	\$ 11,333.18	\$ 17,396.97	\$ 36,594.28	\$ 20,866.20	\$ 15,875.69	\$ 7,424.84	\$ 6,397.04	\$ 141,899.61
2021	\$ 9,915.56	\$ 9,132.48	\$ 13,003.38	\$ 11,933.75	\$ 20,379.78	\$ 26,523.38	\$ 34,033.35	\$ 31,281.39	\$ 42,231.85	\$ 27,843.12	\$ 9,706.00	\$ 26,613.30	\$ 262,597.34
2022	\$ 7,885.94	\$ 5,277.50	\$ 33,055.31	\$ 15,335.28	\$ 13,161.21	\$ 40,901.94	\$ 32,990.01	\$ 29,030.51	\$ 50,809.83	\$ 27,284.90	\$ 8,921.16	\$ 34,534.90	\$ 299,188.49
2023	\$ 8,034.70	\$ 8,041.02	\$ 39,133.55	\$ 8,257.44	\$ 14,202.39	\$ 48,290.43	\$ 31,797.51	\$ 28,509.44	\$ 66,568.74	\$ 29,650.62	\$ 12,820.73	\$ 29,071.41	\$ 324,377.98
2024	\$ 6,952.56	\$ 4,128.21	\$ 32,737.53	\$ 18,067.70	\$ 14,614.42	\$ 61,879.33	\$ 31,312.76	\$ 30,512.26	\$ 63,685.25	\$ 22,475.82	\$ 12,145.57	\$ 31,926.37	\$ 330,437.78
2025	\$ 7,252.65	\$ 6,103.19	\$ 34,845.55	\$ 10,683.52	\$ 14,040.25	\$ 51,363.82	\$ 28,625.97	\$ 29,667.81	\$ 55,898.59	\$ 18,266.90	\$ 12,706.79	\$ 26,962.59	\$ 296,417.63

### Room Tax Revenue by Report Month



### WHAT IS THE ONLINE MARKETPLACE?

The online marketplace primarily consists of bookings made through third-party vendors, such as Airbnb, Vrbo, and Booking.com, for our short-term rental properties. As of the end of 2025, there were 34 registered short-term rental properties in the City of Two Rivers.

Year	Jan-Dec YTD
2018	\$ 115,895.43
2019	\$ 117,005.40
2020	\$ 141,899.61
2021	\$ 262,597.34
2022	\$ 299,188.49
2023	\$ 324,377.98
2024	\$ 330,437.78
2025	\$ 296,417.63

Year-to-date Revenue by Source		
Hotel/Motel	\$ 180,327.63	60.8%
Vacation Rentals	\$ 10,173.89	3.4%
On-line Marketplace	\$ 105,916.11	35.7%
<b>TOTAL</b>	<b>\$ 296,417.63</b>	<b>100.0%</b>

### YEAR OVER YEAR REVENUE DATA ENDING 2025

Please note that in 2025, the reporting of room tax revenue transitioned from cash-based accounting to accrual accounting. This change was implemented to better track monthly revenue and identify specific influences for each period.

All data for years prior to 2024 will continue to be presented using the cash-based accounting method.



## CITY COUNCIL MEETING

Monday, February 02, 2026 at 6:00 PM

Council Chambers - City Hall, 3rd Floor  
1717 E. Park Street, Two Rivers, WI 54241

### MINUTES

#### 1. CALL TO ORDER

Council President Stechmesser called the meeting to order at 6:07 PM

#### 2. PLEDGE OF ALLEGIANCE

#### 3. ROLL CALL BY CITY CLERK

Councilmembers: Mark Bittner, Doug Brandt, Shannon Derby, Bill LeClair, Darla LeClair, Tim Petri, Bonnie Shimulunas, Scott Stechmesser, Adam Wachowski

**ALSO PRESENT:** Matt Heckenlaible, Public Works Director; Rick Powell, IT Supervisor; Sean Griffin, City Attorney; and Kyle Kordell, City Manager

#### 4. CONSIDERATION OF ANY COUNCIL MEMBER REQUESTS TO PARTICIPATE IN THIS MEETING FROM A REMOTE LOCATION

#### 5. INTRODUCTION OF INVITED GUESTS

#### 6. PUBLIC HEARING

**A. 26-016 Public Hearing for a Request to Rezone, from IPF to R-3, Located at 3204 Lincoln Ave, and Parcel No. 053-162-301075.00 (newly created Lots 2 & 3), Submitted by Applicant and Owner Renew Church Inc.**

**Summary:** Renew Church currently owns three separate parcels on the block between Lincoln Avenue, Jackson Street and 33rd Street. These lots include 1029 33rd Street, 3204 Lincoln Avenue, and a vacant parcel. These lots were recently separated by a land division certified survey, as they were previously one big lot zoned IPF (Institutional/Public Facilities). This resulted in a zoning non-conformity, since a housing dwelling and an institutional building were operating on the same lot. Therefore, the property owner sectioned off the parcels on the east side of the block and requests to rezone these two properties to a Residential R-3 designation, while keeping the larger lot zoned as IPF designation. This was reviewed by the Plan Commission and recommended for approval on January 12, 2026.

**Recommended Action:**

Motion to approve request per recommendation of the Plan Commission

Council President opened the first call for public input for the public hearing. No one spoke.

Council President closed the first call and opened the second call for public input for the public hearing. No one spoke.

Council President closed the second call and opened the third and final call. No one spoke.

Motion carried with a roll call vote.

Motion made by D. LeClair second by Derby  
 Voting Yea: Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

**B. 26-017 Public Hearing for an Ordinance to Amend Section 10-1-15 I (3)(c) of the Municipal Code to Regulate the Height of Fences**

**Summary:** This proposed amendment to the ordinance for the height of fences is intended to alleviate confusion with existing City requirements. The intent of the City is to allow for fences in the rear and side yard to not exceed six feet in height. Currently the City Code states that fences within four feet of a lot line shall not exceed six feet in height. The proposed Ordinance deletes the "within four feet of the lot line" language so that the code requirement encompasses the entire yard. This was reviewed by the Plan Commission and recommended for approval on January 12, 2026.

**Recommended Action:**

Motion to waive reading and adopt the ordinance as recommended by the Plan Commission

Council President opened the first call for public input for the public hearing. No one spoke.

Council President closed the first call and opened the second call for public input for the public hearing. No one spoke.

Council President closed the second call and opened the third and final call. No one spoke.

Motion carried with a roll call vote.

Motion made by D. LeClair second by Petri  
 Voting Yea: Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

**7. INPUT FROM THE PUBLIC**

Limited to 3 minutes per person - Resident addresses are requested but are not required to be given

Jim Bob Scoot – Raised concerns about the Historic Farm Museum stating the building is falling apart, bricks are exposed as well as internal structures of the building.

**8. COUNCIL COMMUNICATIONS**

Letters and other communications from residents

None.

**9. COUNCIL REPORTS FROM BOARDS/COMMISSIONS/COMMITTEES**

None.

**10. CONSENT AGENDA**

These titles will be read by the Council President and approved by a single Voice Vote. Any item may be pulled from the Consent Agenda for discussion and separate vote by any City Council member.

**A. 26-018 Presentation of Minutes**

1. City Council Regular Meeting, January 19, 2026
2. City Council Work Session, January 26, 2026

**B. 26-019 Applications and Petitions**

1. Temporary Class "B" Beer license for Manitowoc County Mariners Football LLC, Pro Wrestling Classic III, Saturday, February 14, 2026 at 1520 17th Street

**RECOMMENDED ACTION FOR CONSENT AGENDA**

**Motion to approve the Consent Agenda as presented**

Motion carried with a voice vote.

Motion made by Shimulunas second by B. LeClair

Voting Yea: Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

**11. CITY COUNCIL - DISCUSSION ITEMS****A. Property Assessment Overview**

**Summary:** An overview of Wisconsin's property assessment system, including assessment classifications, valuation standards, and the legal framework guiding how property values are determined. We will review how assessments change over time, the roles of local assessors and the Department of Revenue, and when revaluation or reassessment is required to maintain equity and compliance.

**Recommended Action:** No action requested; this is for informational purposes only.

City Attorney Sean Griffin provided a presentation about property assessments and gave an overview of the rules and roles the City plays in the process. How the property assessment works,

**12. CITY COUNCIL - FORMAL ITEMS****A. 26-014 Ordinance Adopting a Property Assessment Policy for the City of Two Rivers and Adding Chapter 2-7-16 to the City Code**

**Summary:** This ordinance establishes a formal property assessment policy for the City, adding a new section to the Code that emphasizes regular, fair, and transparent property value assessments consistent with State law and best practices. The policy outlines assessment frequency, assessor selection standards, performance monitoring, and appeal protections to improve accuracy, equity, and public confidence in the property assessment process.

**Recommended Action:**

Motion to waive reading and approve the Ordinance Adopting a Property Assessment Policy for the City of Two Rivers and Adding Chapter 2-7-16 to the City Code

Motion carried with a roll call vote.

Motion made by Shimulunas second by Brandt

Voting Yea: Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

**B. 26-020 Resolution Authorizing the Issuance and Sale of Up To \$1,835,579 Sewer System Revenue Bonds, Series 2026, and Providing for Other Details and Covenants with Respect Thereto, and Approval of Related Financial Assistance Agreement**

**Summary:** This resolution authorizes the sale of Revenue Bonds through the Wisconsin Clean Water Fund to finance approved sewer utility improvements. The bonds will be payable solely from sewer system revenues, issued on a parity basis with existing sewer revenue bonds, and will not constitute general obligation debt of the City. In this case, the interest rate is 2.475%, which is significantly lower than what the City would see with open-market revenue bonds.

The borrowed funding will be used for funding sanitary sewer replacements at Harbor Street, 16th Street, and Emmet Street, lead service sanitary laterals, and cured-in-place piping in various locations around Two Rivers. Council action on this item also approves the related Financial Assistance Agreement and authorizes the City Manager to execute all necessary documents to complete the financing.

**Recommended Action:**

Motion to waive reading and adopt the resolution authorizing the Issuance and Sale of Up To \$1,835,579 Sewerage System Revenue Bonds, Series 2026, and Providing for Other Details and Covenants with Respect Thereto, and Approval of Related Financial Assistance Agreement

Motion carried with a roll call vote.

Motion made by D. LeClair second by Petri

Voting Yea: Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

**13. CITY MANAGER'S REPORT**

Hamilton visioning kick off meetings, city wants to hear wed 5:30 and sat 10 am in Koska room, be apart of the conversation, guide redevelopment

**14. FOR INFORMATION ONLY**

- City Council Regular Meeting, Monday, February 16, 6:00 PM
- City Council Work Session, Monday, February 23, 6:00 PM
- City Council Listening Session, Thursday, February 26, 6:00 PM

**15. ADJOURNMENT**

Motion to dispense with the reading of the minutes of this meeting and adjourn this meeting at 7:13 PM

Motion carried with a voice vote.

Motion made by Derby second by B. LeClair

Voting Yea: Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

Respectfully submitted,

Amanda Baryenbruch  
City Clerk



# TWO RIVERS

WISCONSIN

## PUBLIC UTILITIES COMMITTEE MEETING

Monday, January 05, 2026 at 5:00 PM

Committee Room - City Hall, 3rd Floor 1717  
E. Park Street, Two Rivers, WI 54241

### MINUTES

**1. CALL TO ORDER:** 5:00 pm

**2. ROLL CALL**

Committee Members: Shannon Derby, Darla LeClair, Tim Petri

Staff & Others: Matthew Heckenlaible, Scott Ahl, Brian Dellemann, Dave Casebeer, Andrew Sukowaty, Shawn Taddy

**3. REVIEW AND APPROVAL OF MINUTES**

Minutes from the October 6, 2025, Public Utilities Committee meeting

Darla LeClair made a motion to approve the October 6, 2025, Public Utilities Committee meeting minutes, seconded by Shannon Derby. Motion carried.

**4. PUBLIC INPUT – N/A**

**5. WASTEWATER UTILITY: UPDATES AND ACTION**

**A. Plant Personnel Update**

Dave Casebeer introduced Shawn Taddy as the Lead Operator. Shawn will participate in future meetings as he gets up to speed in preparation for stepping into the Superintendent position in early May 2026.

**B. CIPP Project Update**

A preconstruction meeting was held with Visu-Sewer, LLC, in late December. Visu-Sewer anticipates beginning in late January or early February on the 2025 citywide C.I.P.P. lining project.

**C. Sewer Service Area Plan Update**

Staff has been meeting with other municipalities, along with the Bay Lakes Regional Planning Commission, to update the *Manitowoc-Two Rivers-Mishicot Sewer Service Area Plan*. The goal is to complete this 20-year outlook plan, extending through 2045, in the early part of 2026. At this time, the only significant modification to the plan is that the Kossuth Sanitary District (Rockwood) will discharge to the City of Manitowoc along CTH-R.

**6. ELECTRIC AND TELECOMMUNICATIONS UTILITIES: DIRECTOR UPDATES AND ACTION, IF APPLICABLE**

Section 9, ItemB.

**A. Southside Utility Tree Trimming**

Electric Utility will begin trimming trees in January and will continue through March. Looking to create 10-foot of clearance between high voltage lines and 3-foot of clearance with low voltage lines.

**B. Construction Updates**

Services have been installed for Taco Bell and Domino's Pizza, along with the conversion of an overhead line to underground along Mishicot Road.

**C. Utility Service Manual**

A service manual template has been developed with the assistance of WPPI. The template can be personalized for each individual electric utility for a convenient resource of information for employees.

**7. WATER UTILITY: DIRECTOR UPDATE, DISCUSSION AND ACTION, AS NEEDED****A. Water Supply Service Area Plan Presentation and Discussion**

Website address: <http://www.two-rivers.org/WSSAP>

Strand Associates prepared the Water Supply Service Area Plan for the Water Utility. Andrew Sukowaty provided a brief overview of the plan and asked if the committee had any questions; there were none. The plan will be forwarded to the WDNR.

**8. STORM WATER UTILITY: UPDATES AND ACTION, AS NEEDED – N/A****9. SOLID WASTE UTILITY: UPDATES AND ACTION, AS NEEDED**

A. Engineering was contacted on January 5, 2026, by a resident who reported that when attempting to purchase garbage stickers at a local establishment, they were told they needed to purchase an additional item from the business. Engineering and other staff will look into this matter further.

**10. ANY OTHER ITEMS OR ISSUES TO COME BEFORE THE COMMITTEE, WITH DISCUSSION AND ACTION****A. Utility Economic Development Strategy**

The Committee briefly discussed whether the City's primary utilities would be able to accommodate higher demand customers. Examples of such customers could include dairy or food processing operations, bottling operations, breweries, and similar uses. There was an inquiry as to whether this would include AI data storage facilities. It was noted that while such facilities could be included, none of the utilities would be able to support a hyperscale data center. The Committee requested that the utilities report back in the future on the available capacity within their respective systems.

**11. SET DATE, TIME AND LOCATION FOR NEXT COMMITTEE MEETING**

Proposed for February 2, 2026, at 5:00 pm

**12. ADJOURNMENT: 5:50 pm**

Darla LeClair made a motion to adjourn the meeting, seconded by Tim Petri. Motion carried.

Respectfully submitted by: Matthew R. Heckenlaible

Public Works Director/City Engineer



# LIBRARY BOARD MEETING

Tuesday, January 13, 2026 at 6:00 PM

Community Room - Lester Public Library  
1001 Adams Street, Two Rivers, WI 54241

## MINUTES

- 1. CALL TO ORDER** – President Sleger called the meeting to order at 6:00 PM.
- 2. ROLL CALL**  
Board Members Present: Don Weiss, Katie Stone, Shannon Derby, Stanley Palmer, Bonnie Shimulunas, Kathryn Gadd, Sharon Sleger, Jack Powalisz, Mary Glaser, and Ned Guyette. Absent and excused – all present. Also present: Chris Hamburg, Adult Services Coordinator; Terry Ehle, Youth Services Coordinator; and Jeff Dawson, Director
- 3. PUBLIC COMMENT** – None
- 4. APPROVAL OF BOARD MEETING MINUTES**  
Motion to approve the minutes from the December 9, 2025, meeting, made by Guyette, second made by Glaser. Voice vote carried unanimously.
- 5. RECEIVE AND FILE EXPENDITURE AND FINANCIAL REPORTS**  
Motion to receive and file the expenditure and financial reports from December 2025, made by Powalisz, second made by Palmer. Voice vote carried unanimously
- 6. BOARD MEMBER COMMENT** – Derby asked Ehle about her presentations at NEWI last week.
- 7. DIRECTOR'S REPORT**  
Dawson fielded questions and comments concerning his report.
- 8. COMMUNICATIONS**
  - A. Library Newsletter – January 2026
  - B. Online Article from Programming Librarian, American Library Association, “Bringing Home the Concept of Where We Come From: Programs on Human Migration” written by, Terry Ehle, Youth Services Coordinator
  - C. Raider Reporter Article – “Lester Public Library Expands Programs for Ages 8 and Up!” written by, Terry Ehle, Youth Services Coordinator
- 9. REPORT FROM CITY COUNCIL REPRESENTATIVE**  
There is an Environmental Advisory Board presentation at the library Thursday. The new Taco Bell and Domino's Pizza are operational and appear to be doing well. Concessions at the beach survey and FAQ is out for public feedback.
- 10. REPORT FROM SCHOOL DISTRICT REPRESENTATIVE**  
Koenig and Magee elementary schools will be merging services over the next two school years. Teacher conferences will be in early February.

**11. REPORT FROM COUNTY REPRESENTATIVES**

For the 2026 County Board election – 6 Supervisors filed non-candidacy paperwork; 2 supervisory districts have no one running; all 4 Two Rivers Supervisors are running unopposed; Tyler Martell is the only candidate running for County Executive. Natasha Khan and Charles Krueger were appointed to the Manitowoc Calumet Library System Board of Trustees for a 3-year term.

**12. UNFINISHED BUSINESS – None**

**13. NEW BUSINESS – None**

**14. BOARD EDUCATION – None**

**15. CLOSED EXECUTIVE SESSION**

President Sleger read Wisconsin Statutes s.19.85(1)(c) which allows closed sessions when the employment, promotion, compensation, or performance evaluation data of any public employee under the jurisdiction of the particular government body is being considered. Ms. Sleger then stated the reason for the Closed Session is in regards to Employment and Compensation. She then opened the floor for a motion to enter into Closed Session. Motion made by Weiss to enter into Closed Session, second made by Derby. Roll Call Vote: Sharon Sleger – Aye; Don Weiss – Aye; Ned Guyette – Aye; Jack Powalisz – Aye; Kate Gadd – Aye; Stanley Palmer – Aye; Shannon Derby – Aye; Mary Glaser – Aye; Bonnie Shimulunas – Aye; Katie Stone - Aye. Motion carried. The Board of Trustees entered into Closed Session at 6:34 PM.

At 7:00 PM a motion to reconvene in open session was made by Guyette, second made by Palmer. Voice vote carried unanimously.

**16. Upon entering open session:**

A motion to accept Director Jeff Dawson's retirement, dated July 3, 2026 and to name Youth Services Coordinator, Terry Ehle as Director effective July 6, 2026, at Pay Grade: 25, Step: Advanced Merit G, was made by Derby, second made by Glaser. Voice vote carried unanimously.

**17. ADJOURNMENT**

Motion to adjourn made by Guyette, second made by Palmer. Voice vote carried unanimously. Meeting adjourned at 7:02 PM.

Respectfully submitted by Jeff Dawson, Director



# BUSINESS AND INDUSTRIAL DEVELOPMENT COMMITTEE - COMMUNITY DEVELOPMENT AUTHORITY MEETING

**Tuesday, January 27, 2026 at 5:15 PM**

**Council Chambers - City Hall, 3rd Floor  
1717 E. Park Street, Two Rivers, WI 54241**

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## MINUTES

### 1. CALL TO ORDER

Chairperson Coenen called the meeting to order at 5:15 PM.

### 2. ROLL CALL

BIDC Members: Elizabeth Bittner (via telephone), Thomas Christensen, Gregory Coenen, Tracey Koach, Keith Lyons, Doug Brandt, Darla LeClair

CDA Members: Gregory Coenen, Tracey Koach, Keith Lyons, Daniel Wettstein, Doug Brandt, Darla LeClair

### 3. PUBLIC INPUT

None.

### 4. APPROVAL OF MEETING MINUTES

#### A. Approval of the minutes of the November 25, 2025 Joint Meeting

- Approval by BIDC
- Approval by CDA

Motion to approve the minutes made by Koach, seconded by Lyons. All in favor.

### 5. CDA BUSINESS

#### A. Weichert Realtors Cornerstone, review and possible action regarding Sandy Bay Highlands lot prices and price adjustments

City staff stated Phase 3 opened in fall 2024 with 31 new single-family lots and has seen steady demand. The discussion with Weichert Cornerstone focused on evaluating current pricing relative to market conditions and considering modest adjustments to balance sales momentum with maximizing City investment. JoAnne Kouba presented pricing analysis based on sales data. A formal action and vote was made per the CDA determined an adjustment is in the City's best interest.

Motion to increase price of all Phase 3 lot prices by 7.5% was made by Koach, seconded by LeClair. All in favor.

#### B. Sandy Bay Highlands, review of potential future expansion

Staff discussed long-term planning for the City's next residential subdivision, potentially as a

continuation of Sandy Bay (Phase 4 or another designation), and identified three near properties near Sandy Bay Highlands owned by different parties as possible future options.

## 6. BIDC BUSINESS

### A. Upcoming Community Visioning Processes for former Hamilton Industries property and Main Street Corridor

Staff reported that Thermo Fisher Scientific supports a City-initiated rezoning of the site from industrial to business zoning. The rezoning is expected to go before the Plan Commission in February, followed by a City Council public hearing. Concurrently, the City will begin a community visioning process with the Main Street organization to develop a shared vision for future redevelopment of the Hamilton Site, including development concepts, infrastructure needs, design standards, and public engagement opportunities.

### B. Woodland Industrial Park, review of potential future expansion

Staff provided a high-level discussion on the long-term future of Woodland Industrial Park, including City-owned land inventory, market interest, and potential future expansion to support growth and strengthen the industrial tax base. No action was requested; general policy direction from the BIDC was sought to inform potential planning and investment in 2026.

### C. Discussion on possible relocation of Renee's Popcorn

Motion to give Staff the flexibility to negotiate a land negotiation on the 18<sup>th</sup> Street and Hawthorne Avenue lot made by Coenen, seconded by Koach. All in favor.

### D. Review of lending activity with the Two Rivers Revolving Loan Fund

Staff gave a review of all current RLF activity, including the three active loans with their existing balances. The Committee had a general discussion on the importance of creating jobs in Two Rivers and how the RLF can support this goal. The RLF is designed to expand or retain jobs in Two Rivers, so moving forward any applicant to the RLF must show they are creating jobs with the borrowed money.

Motion to reinstate the previous job's requirement criteria of the RLF made by Coenen, seconded by Bittner. All in favor.

### E. Discussion of proposed site plan for former West Eggers development site

Motion made to reject the latest proposal made by Koach, seconded by Lyons. All in favor.

## 7. NEXT REGULARLY SCHEDULED MEETING

- Tuesday, February 24, 2026, 5:15 PM

## 8. ADJOURNMENT

Motion to adjourn at 7:19 PM made by Koach, seconded by LeClair. All in favor.

Respectfully submitted,  
Kyle Kordell City Manager



## COMMITTEE ON AGING

Monday, February 02, 2026 at 8:30 AM

Senior Center Library - Senior Center 1520  
17th Street, Two Rivers, WI 54241

### MINUTES

**1. CALL TO ORDER:** Meeting called to order by Heather Ihlenfeldt at 8:38am

**2. ROLL CALL**

Betty Bittner, Kim Graves, Ruth Kadow, Kyle Korinek, Bruce Yungerman, Pamela Stephens, Jo Anne Yungerman

**3. MINUTES**

PJ Stephens made a motion to approve minutes as written. Betty Bittner 2<sup>nd</sup> the motion. All in favor, motion carried.

**4. INPUT FROM PUBLIC**

**5. CORRESPONDENCE AND PRESS**

**6. COMMITTEE REPORTS**

A. Aging and Disability Resource - Wendy Hutterer

20<sup>th</sup> Anniversary held, Wendy thanked Mike and Heather along with their other community partners for attending. Kewaunee site anniversary upcoming. Listen to the ADRC insider on WOMT for all things ADRC of the Lakeshore. Wendy spoke about the upcoming Golden Gala and the Dementia Care training Bill for Long Term Care caregivers.

B. City Council - Mark Bittner

C. Recreation Department Programs - Mike Mathis

Updates of upcoming projects to be discussed at Advisory Recreation Board such as split rail fence on Mariner's Trail. Goal is to use zero property tax dollars and in-kind labor, Rec trails grand with local match. Community Band due to decreased funding by city. Working toward non-profit status. Band will now be paid per performance and fundraise as usual. Central Park East landscaping projects to include native flower beds, build a tree nursery to cut costs of purchasing trees and increase survivability. Perpetual care flowers fund, with a trial for a green house to cut costs of floral fees.

D. Senior Center - Heather Ihlenfeldt

Senior Center updates: January renewed membership: 50, New membership: 15. Heather facilitating Email Basics tech class open to any adult in the community through AT&T and NCOA Grant. Heather received a member pledge donation of \$5,000 to create and redesign the corner of the library into a small Tech Café/Reading nook. Also upcoming is Stepping on Class through the ADRC in March, Legal appointments are booked throughout the year, AARP Tax Aide appointments are booked through the end of March. There will be a free congregate lunch for seniors to try sponsored by the Friends of the Two Rivers Senior Center. Senior

Center/Parks and rec looking to trial raised garden beds on 17<sup>th</sup> street entrance by the pergola for an inclusive community garden.

- E. TRIAD-Nothing to report. PD Big brothers' big sisters bowling fundraiser February 27<sup>th</sup> and 28<sup>th</sup>. 10-11 officers volunteering in the Bigs and Badges program, TRPD the first in the county to take part in the Youth Apprenticeship program. CSO is currently in the police academy. 3 PD employees received the Future 15 Award and now up for Young Professional of the Year, TRPD also nominated for the Collaboration Award for installation of the Baby Box at the Fire Department.

F. Two Rivers School District

Working on Elementary re-alignment. Will increase staffing efficiency, due to decreased enrollment, and decreased birthrate statewide. Many steps to this process with the goal to increase collaboration, face to face conversation, and increasing student relationships. There will be staggered start times. School is still looking for volunteers in the school system. Since volunteer program started, number of students reading at grade level has increased by 18%.

**7. NEW BUSINESS**

ALA: wreaths pick up with be on May 2<sup>nd</sup> at cemetery at 10:00am. Looking for volunteers. Still selling Kwik Trip cards at the Senior Center. Able to send 4<sup>th</sup> Badger Girl to extend to Roncalli.

**8. CONTINUING BUSINESS**

**9. ADJOURNMENT**

Motion to adjourn made by Jo and seconded by Kyle. All in favor, meeting adjourned at 9:13am

*In accordance with the requirements of Title II of the Americans with Disabilities Act (ADA), the City of Two Rivers will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. If you need assistance or reasonable accommodations in participating in this meeting or event due to a disability as defined under the ADA, please call the City Clerk's office at 920-793-5526 or email [clerk@two-rivers.org](mailto:clerk@two-rivers.org) at least 48 hours prior to the scheduled meeting or event to request an accommodation. For additional assistance, individuals with hearing or speech disabilities can call 711 and be connected to a telephone relay system.*

*It is possible that members of and possibly a quorum of governmental bodies of the municipality may be in attendance at the above stated meeting to gather information; no other action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.*

Respectfully Submitted by:  




# TWO RIVERS

WISCONSIN

PLAN COMMISSION MEETING  
Monday February 9, 2026, at 5:30 PM  
Council Chambers - City Hall, 3rd Floor 1717 E.  
Park Street, Two Rivers, WI 54241

Section 9, ItemB.

## MINUTES

### 1. CALL TO ORDER

Kyle Kordell called the meeting to order at 5:30 PM.

### 2. ROLL CALL

Present: Kyle Kordell, Rick Inman, Kay Koach, Kristin Lee, Matt Heckenlaible, Adam Wachowski and Pat Klein.

Also Present: Bonnie Shimulunas, Jeff Sachse, and Recording Secretary Adam Taylor.

### 3. ACTION ITEMS

#### A. Review request to rezone the former Hamilton Property, from I-1 (Industrial) to B-1 (Business), located at Parcel No. 053-000-052-030.05, submitted by the City of Two Rivers, currently owned by Fischer Scientific INTL LLC.

The plan commission discussed the logistics of the Hamilton Property. Fischer Scientific and the City of Two Rivers have had many communications with each other, and are both interested in rezoning this lot. Rezoning this lot to a Business District aligns with adjacent zoning and raises the threshold of site cleanup. PFAS has been submitted and the owner is waiting for DNR approval. Soil sampling should be taking place in spring. After this process is complete, the City plans on developing the property after acquiring it.

Motion made to recommend approval of the rezoning to the City Council.

Motion made by Kordell, seconded by Lee.

Roll Call Vote:

Voting Yea: Kordell, Inman, Koach, Lee, Heckenlaible, Klein, Wachowski

Motion Carried

### 4. FOR DISCUSSION

#### A. Discussion of a possible amendment to the sign ordinance regarding contractor construction signs.

A local contractor requested the City to look at changes to the sign ordinance. City staff noticed discrepancies between the allowance of contractor construction signs in residential and commercial properties. Staff plans on bringing this back to a future meeting as an action item. This will allow residential construction signs to be displayed during the time of construction and removed no later than 30 days after completion. Plan Commission discussed also including language to allow for signs to be displayed during a parade of homes event.

### 5. PUBLIC INPUT

No input from the public was heard.

## **6. ADJOURNMENT**

Motion to adjourn at 6:15 PM.

Motion made by Heckenlaible, seconded by Kordell.

Respectfully submitted, Adam Taylor, Recording Secretary



**TWO  
RIVERS**  
WISCONSIN

## ADVISORY RECREATION BOARD MEETING

Wednesday, February 11, 2026 at 6:00 PM

Koska Room - Community House  
1520 17th Street, Two Rivers, WI 54241

### MINUTES

#### 1. ROLL CALL:

PRESENT: Council Rep Adam Wachowski, Council Rep Scott Stechmesser, Erin Lamal, Jason Scharping, Daniel Cortte, Tom Lawler ABSENT: Robert Reed, Travis Kadow, Jennifer Watry

#### 2. APPROVAL OF MINUTES

Motion made by Jason Scharping, Seconded by Erin Lamal.

#### 3. CORRESPONDENCE - None

#### 4. COMMENTS FOR THE PUBLIC (Limited to 3 minutes each) - None

#### 5. NEW BUSINESS:

**A.** Review ordinance allowing P&R to sell fermented malt beverages within city facilities and parks – Motion made in support of City Council adopting the ordinance made by Jason Scharping, Seconded by Tom Lawler. Motion carried by voice vote. Voting: All yea.

**B.** Mariners Trail fence replacement project – Motion made in support of project and securing grant funding without taxpayer contribution made by Erin Lamal, Seconded by Jason Scharping. Motion carried by voice vote. Voting: All yea.

**C.** Two Rivers Community Band changes in P&R role and City funding - A meeting with Community Band members is scheduled for February 24 at 6:30 p.m. in the Koska Room to discuss changes and future vision. The Band Director is exploring the creation of a 501(c)(3) nonprofit organization for the band. City staff are also researching grant opportunities and donations to establish an investment fund through the Lakeshore Community Foundation.

The Community Band, which began over 100 years ago as the Hamilton employee band, has recently operated with city employees serving as paid performers. For 2026, City funding has been reduced from \$8,700 to \$3,000. A full concert schedule is still planned for 2026, including the band's traditional performances.

**D.** Central Park East native planting project - Due to budget cuts, staff are exploring the replacement of annual flowers with perennial native plantings. The change would provide cost savings and environmental benefits. The project will be volunteer-driven.

**E.** Senior Center Patio - Staff are exploring the development of raised garden beds on the Senior Center patio to create a more engaging use of the space. Donations and volunteers are being sought to help implement the project.

**F. Neshotah Beach Kites Over Lake Michigan Sculpture** - The Kites Over Lake Michigan volunteer committee is partnering with Shoreline Credit Union & Fox Communities Credit Union to design and install a sculpture at Neshotah Beach. City staff are exploring the creation of a City committee to provide feedback on the project.

**G. Tree Nursery Gravel Bed Project (High School Partnership)** - Staff plan to pilot a gravel bed tree nursery in partnership with the high school. Currently, 2-inch diameter trees are purchased for parks and cemeteries due to their high survival rate, at a cost of \$200–\$250 per tree. Smaller bare root trees are significantly less expensive (\$5–\$20 each) but have lower survival rates and require additional care. The high school shop class will volunteer to construct a gravel bed this spring to improve survival rates, reduce costs, and support increased tree plantings.

**H. Update on Cemetery Perpetual Flower Program** - Staff provided an update on efforts to identify sustainable and impactful alternatives for the cemetery's perpetual flower program, including native and perennial plant options. Staff met with the Lakeshore Community Foundation on February 11, 2026, to explore donations and grants to establish an investment fund. Additional efforts include exploring volunteer-led experimentation with perennial native plants, meeting with the Arboretum and Nature Center to discuss a potential native plant nursery partnership, and investigating the purchase of a greenhouse to support tree and plant propagation.

## 6. DIRECTOR'S REPORTS

**Senior Center Library Updates** - Staff shared plans to enhance the Senior Center Library as a digital café, game space, and reading nook. A \$5,000 donation has been received to support the improvements. In addition, a \$15,000 grant application was submitted to AARP to upgrade Wi-Fi and technology throughout the Community House, with an emphasis on serving seniors.

**Paddlers Park Improvement Updates** - The grant agreement has been signed for Paddlers Park improvements. The project includes a new boat launch, updated signage, and pathway enhancements. Funding will be shared 50/50 between 2025 City capital funds and a Wisconsin Coastal Management grant.

**Riverside Park Improvement Updates** - Parkitecture is developing engineering plans for bidding, and a land survey will be completed in February. Phase 1 construction is planned to begin in late summer or fall. Community engagement for the skatepark will begin soon, including school visits to gather youth feedback. Fundraising for Phase 2 of the skatepark is expected to start this summer.

**Neshotah Beach Improvement Updates** - City Council will vote on capital borrowing for the project on 2/26/26. If approved, P&R will take the project to bid to obtain firm cost estimates. Community feedback survey results will be compiled and shared in late March. The City Council will review final estimates and community feedback on 4/7/26 to decide whether the project will proceed.

**Program & Event Updates** - Arbor Day, Zombie Zoom, Softball & Baseball, Flag Football, Yoga, Golf Lessons. Golf Simulator Rentals are doing very well with 55 rentals in January.

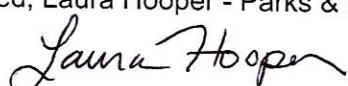
## 7. ITEMS FOR FUTURE ADVISORY RECREATION BOARD MEETINGS - None

## 8. NEXT MEETING - March 11, 2026

## 9. ADJOURNMENT

Motion made by Dan Cortte, Seconded by Jason Scharping.

Respectfully Submitted, Laura Hooper - Parks & Recreation Office Manager



Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
01/28/2026	0	USBank - Debit Memo	Credit Card Usage - December 2025 / Ja	100-16000	STATEMENT DATED 1/6/2	39,721.44
Total 0:						39,721.44
01/05/2026	141973	GFL Environmental Services USA LLC	Services 11/01/2025-11/30/2025 Grit Du	690-59820-2900	U300000204973	619.87-
Total 141973:						619.87-
01/08/2026	142200	4 K'S PEST CONTROL LLC	General Pest Control Glueboards - Sr. C	100-54150-2900	12292025	55.00
Total 142200:						55.00
01/08/2026	142201	ADRC of the Lakeshore	Reimburse ADRC for December 2025 Co	250-23150	12312025	591.50
Total 142201:						591.50
01/08/2026	142202	Backler, Tom L	Refund - 2025 Real Estate Tax Overpay	800-21130	12312025	5,017.09
Total 142202:						5,017.09
01/08/2026	142203	Behnke, Daniel	Energy Star-TX1680WP-Dryer	660-29253	12202025	100.00
Total 142203:						100.00
01/08/2026	142204	Bouril, Richard	Energy Star-NF63A6311SS-Range	660-29253	NF63A6311SS	50.00
Total 142204:						50.00
01/08/2026	142205	Brown, Nancy	Energy Star-PTD60EBSRWS-Washer	660-29253	PTD60EBSRWS	50.00
Total 142205:						50.00
01/08/2026	142206	Cathy Hendricks	Yin Sound Bath Yoga Class - Rec	100-55300-2900	12292025	320.00
Total 142206:						320.00
01/08/2026	142207	Chebotarev, Oleg	Refund-2025 Real Estate Tax Overpaym	800-21130	12312025	2,289.92
Total 142207:						2,289.92
01/08/2026	142208	Country Visions Cooperative	334074-Diesel Fuel	100-16120	0041185-DECEMBER 202	9,968.05

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						9,968.05
01/08/2026	142209	Daw, Alexis & Blaine Mickelson	Refund-2025 Real Estate Tax Overpaym	800-21130	12312025	351.28
						351.28
01/08/2026	142210	Digger's Hotline	Split distribution	660-59584-2900	251 2 43901	67.80
						67.80
01/08/2026	142211	Finfrock, William & Yanhui Zou	Refund-2025 Real Estate Tax Overpaym	800-21130	12312025	8,651.29
						8,651.29
01/08/2026	142212	Fire Dept Petty Cash	Petty Cash Reimbursement-FD	100-52210-2410	01062026	79.90
						79.90
01/08/2026	142213	Fitness Store	Service Call & Labor - Rec	100-55140-3500	2025-130	390.00
						390.00
01/08/2026	142214	Garage Door Specialty LLC	Garage Door Repair - DPW	100-53200-2900	9759	150.00
						150.00
01/08/2026	142215	GFL Environmental Services USA LLC	Grit Dump - WWTP	690-59820-2900	U30000208574	311.23
01/08/2026	142215	GFL Environmental Services USA LLC	Grit Dump - WWTP	690-59820-2900	U30000204973-1	310.37
						621.60
01/08/2026	142216	Hach Company	Lab Equipment / Certification - WWTP	690-59820-3900	14789913	3,109.00
						3,109.00
01/08/2026	142217	Hamann Construction Company	Neshotah Park Restroom Renovation	454-55400-8860	20057	29,359.00
						29,359.00
01/08/2026	142218	Jones, Richard	Energy Star-WRFF3236RZ-Refrigerator	660-29253	12312025	100.00

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						100.00
01/08/2026	142219	Kaat's Water Conditioning Inc	Water - 6303 Riverview Dr	419-53600-2900	D-41845	69.49
						69.49
						69.49
01/08/2026	142220	Kemira Water Solutions Inc	FERRIC CHLORIDE - WWTP	690-59824-4910	9017921512	11,917.75
01/08/2026	142220	Kemira Water Solutions Inc	FERRIC CHLORIDE - WWTP	690-59824-4910	9017921803	11,176.75
						23,094.50
01/08/2026	142221	Kupczak, Daniel & Sarah Kleaveland	Refund - 2025 Real Estate Tax Overpay	800-21130	12312025	1,998.17
						1,998.17
						1,998.17
01/08/2026	142222	Laurin, Leon & Maria	Newsletter Bundling Supplies-Sr. Cntr	250-55150-3900	12312025	3.17
						3.17
						3.17
01/08/2026	142223	Lawson Products	Supplies/Hex Nuts - DPW	100-53200-3900	9313075580	11.98
						11.98
						11.98
01/08/2026	142224	Lee, Kyle	Refund-Late Lottery Credit	800-21130	12312025	179.33
						179.33
						179.33
01/08/2026	142225	Lindstrom, Duane	Refund-2025 Real Estate Tax Overpaym	800-21130	12312025	331.82
						331.82
						331.82
01/08/2026	142226	Macmillin, Doug	Energy Star-4536353-Refrigerator	660-29253	12312025	50.00
						50.00
						50.00
01/08/2026	142227	Mammoth Construction LLC	Vac Truck/Martin Lane - Elec	660-19107	2321	250.00
01/08/2026	142227	Mammoth Construction LLC	Vac Truck/Cell Tower - Elec	660-19107	2344	750.00
						1,000.00
						1,000.00

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
01/08/2026	142228	Manitowoc Co Treasurer	Crack Sealing/ Filling Charges - 45th Str	451-53300-8710	29244	1,811.87
Total 142228:						1,811.87
01/08/2026	142229	Manitowoc Disposal Inc	Dumpster - DPW	680-59710-2900	102905	275.00
01/08/2026	142229	Manitowoc Disposal Inc	Neshotah Dumpster - P&R	640-53620-2900	102979	270.00
01/08/2026	142229	Manitowoc Disposal Inc	Q1-October-December Refuse 2025 Fue	640-53620-2900	Q1-12312025	893.43
Total 142229:						1,438.43
01/08/2026	142230	Manitowoc Public Utilities	Electric Service - 2124 Woodland Dr 11/2	690-59820-2900	408117-106902; 12/29	32.71
Total 142230:						32.71
01/08/2026	142231	Midwest Chemical & Equipment	Polymer-WWTP	690-59825-4920	7981	12,458.52
Total 142231:						12,458.52
01/08/2026	142232	Miller, Darlene	Refund-2025 Real Estate Tax Overpaym	800-21130	12312025	379.90
Total 142232:						379.90
01/08/2026	142233	Nelson, Stephanie	Refund-2025 Real Estate Tax Overpaym	800-21130	12312025	3,194.27
Total 142233:						3,194.27
01/08/2026	142234	Northern Lake Service Inc	1633 PFAS Testing - WWTP	690-59820-2900	2522385	605.00
Total 142234:						605.00
01/08/2026	142235	Parkitecture & Planning LLC	TR Neshotah Wayfinding/Stewardship-R	454-55400-8860	3-2026	1,700.00
Total 142235:						1,700.00
01/08/2026	142236	Payment Service Network	120125-123125	690-59840-3900	319786	7.95
Total 142236:						7.95
01/08/2026	142237	Peroutka, Allan	Energy Star-GRMC2273CF-Refrigerator	660-29253	GRMC2273CF	50.00

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						50.00
01/08/2026	142238	Quanta Receivables LP - M J Electric	Job#25167046653-Tree Trimming	660-59593-2900	25167046683-1	7,591.29
						7,591.29
						931.50
01/08/2026	142239	RESCO	Cutout Brkt Crossarm-Elec	660-19630	3098427	931.50
						931.50
						811.50
01/08/2026	142240	Schaus Mechanical	Maintenance/Combustion Analysis on Bo	100-55140-2900	SD16381	811.50
01/08/2026	142240	Schaus Mechanical	Boiler Repair - WWTP	690-59834-2900	SD16458	300.75
						1,112.25
01/08/2026	142241	Schulz, Vicki	Energy Star-LSEL6333XE-Range	660-29253	LSEL6333XE	50.00
						50.00
						50.00
01/08/2026	142242	Stechmesser, Scott	Energy Star-DW80CG5450MT-Dishwash	660-29253	DW80CG5450MT	50.00
						50.00
						100.00
01/08/2026	142243	Steckmesser, Scot	Energy Star-GRMG2272CF-Refrigerator	660-29253	208570885	100.00
						100.00
						174.46
01/08/2026	142244	Superior Chemical LLC	Chemical Supplies - WWTP	690-59820-3900	432244	174.46
01/08/2026	142244	Superior Chemical LLC	Supplies - DPW	100-53200-3500	432254	404.77
						579.23
						36.00
01/08/2026	142245	Tollefsons LLC (LC)	Refund-Transposed Numbers on Check	800-21130	123125	36.00
						36.00
						200.00
01/08/2026	142246	Town of Two Rivers	Cut Ditches - Woodland Dr/Cottage Ln -	100-53200-2900	12152025.2	200.00
						200.00

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
01/08/2026	142247	Unique Management Services Inc	Professional Services - Library	280-55110-2130	6149802	46.60
Total 142247:						46.60
01/08/2026	142248	Vanderlinden, Jean	2025 Cool City Christmas Decorations	262-55320-2901	2025CCC-2025	234.63
Total 142248:						234.63
01/08/2026	142249	Ventura, Christopher	Refund-Late Lottery Credit	800-12100	123125	179.33
Total 142249:						179.33
01/08/2026	142250	Victory Title	Refund-2025 Real Estate Tax Overpaym	800-21130	1260000205	2,280.78
Total 142250:						2,280.78
01/08/2026	142251	Wells Fargo Vendor Financial Services	#5845784-2022 Bobcat Toolcat Equipme	457-53300-8160	4500090049	22,034.32
Total 142251:						22,034.32
01/08/2026	142252	Wisconsin Public Service	114 Davis Street - P&R	100-55400-2220	0401271669-01; 12/15/25	43.15
01/08/2026	142252	Wisconsin Public Service	2122 Monroe Street - Fire Dept	100-52200-2220	0401271669-03; 12/19	1,569.28
01/08/2026	142252	Wisconsin Public Service	1520 17th St - P&R	100-55140-2220	0401271669-04; 12/30	3,568.61
01/08/2026	142252	Wisconsin Public Service	1801 26TH STREET - CEMETERY	100-54910-2220	0401271669-05; 12/30	130.80
01/08/2026	142252	Wisconsin Public Service	1145 HARBOR STREET-PAVILLION	100-55200-2220	0401271669-42; 12/29/202	18.44
01/08/2026	142252	Wisconsin Public Service	1300 35th Street - Rec	100-55400-2220	0401271669-07; 12/29/202	142.51
01/08/2026	142252	Wisconsin Public Service	3801 Mishicot Rd.	100-54910-2220	0401271669-09; 12/17/202	416.58
01/08/2026	142252	Wisconsin Public Service	1423 RIVER PL-WARM BLDG	100-55200-2220	0401271669-12; 12/22/202	57.89
01/08/2026	142252	Wisconsin Public Service	1916 Columbus St - Electric	660-59588-2220	0401271669-10; 12/30	544.12
01/08/2026	142252	Wisconsin Public Service	2909 Adams Street	100-55200-2220	0401271669-14; 12/31	191.95
01/08/2026	142252	Wisconsin Public Service	1717 E PARK STREET	100-51600-2220	0401271669-24; 12/26	2,282.28
01/08/2026	142252	Wisconsin Public Service	1221 17TH STREET-BRIDGE BLDG	100-53341-2220	0401271669-30; 12/30	173.86
01/08/2026	142252	Wisconsin Public Service	1401 Lake Street	660-49390	0401271669-35; 12/26	10,293.24
01/08/2026	142252	Wisconsin Public Service	1403 LAKE STREET - GENERATOR	660-59588-2220	0401271669-38; 12/19	17.33
01/08/2026	142252	Wisconsin Public Service	1303 19th Street	291-56700-2900	0401271669-49; 12/26	687.18
Total 142252:						20,137.22
01/09/2026	142253	Abbey, Nathan & Heather	Refund/Security Deposit for 2815 38th St	660-21130	6702-06	335.15

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						335.15
01/09/2026	142254	All In Technology LLC	WatchGuard T45 Firewall w/ Total Securit	670-59930-2900	4598	249.00
						249.00
						249.00
01/09/2026	142255	ATC Commerical Warewashing	Detergent/Rinse/Sanitizer - Sr. Cntr.	100-54150-2900	INV-12087	164.06
						164.06
						164.06
01/09/2026	142256	Baycom Inc	PTP Service Support 01/01/2026-12/31/2	100-52100-2402	12866_01 12/31/2025	1,813.00
						1,813.00
						1,813.00
01/09/2026	142257	Chamber of Manitowoc County	Tuesday Tidbits 12/2/2025 - P&R	264-55140-3900	12016826	55.00
						55.00
						55.00
01/09/2026	142258	Charter Communications	Service 12/19/25-1/18/26 - Sr. Cntr	100-54150-2900	171242001121425	100.97
						100.97
						100.97
01/09/2026	142259	Cintas Corp	Services - Water/Light	100-51600-3500	4254034465	210.60
01/09/2026	142259	Cintas Corp	Supplies - Water & Electric	100-51600-3500	4254697331	210.49
						210.49
						421.09
01/09/2026	142260	CivicPlus LLC	2026 Social Media Archiving Subscriptio	100-51410-2130	356133	7,924.77
						7,924.77
						7,924.77
01/09/2026	142261	Clipper City Chordsmen	2026 Schmitt Brothers 75th Anniversary	258-56700-2131	2026 SCHMITT 75TH	500.00
						500.00
						500.00
01/09/2026	142262	DBH Wisconsin LLC	2026 Sponsorship Package-Tourism	258-56700-2914	INV28235	6,250.00
						6,250.00
						6,250.00
01/09/2026	142263	DSC Communications	Monthly GTR8000 Rptr Service Agreeeme	100-52100-2420	2513409	165.88

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						165.88
01/09/2026	142264	FAO, USAED, CHICAGO	Administrative Fee combining blkhd conn	218-53540-2900	DACW352153001	4,485.00
						4,485.00
						4,485.00
01/09/2026	142265	Fricke Printing Services Inc	Envelopes - Cust Serv	690-59840-3900	269320	796.00
						796.00
						796.00
01/09/2026	142266	James Imaging Systems Inc.	Contract R14490-MPS-01 12/29/25 to 1/	660-59921-3900	1644035	331.40
						331.40
						331.40
01/09/2026	142267	James Leasing LLC	Contract JL-171-01 Coverage 12/24/202	100-53200-5310	25017	2,499.28
						2,499.28
						2,499.28
01/09/2026	142268	Klein, Patricia Ann	Simply Seniors Exercise Class - Dec 202	100-55300-2900	120112182025	58.75
						58.75
						58.75
01/09/2026	142269	Lucky Signs & Graphics	Billboards & Signs - Tourism	258-56700-2914	2369	184.00
						184.00
						184.00
01/09/2026	142270	M.A.S. Industries Inc	2026 Signs & Billboards - Tourism	258-56700-2914	055083	625.45
						625.45
						625.45
01/09/2026	142271	Manitowoc Disposal Inc	Refuse - 12/21/2025 to 1/03/2026	640-53620-2900	122125-010326	18,485.89
						18,485.89
						18,485.89
01/09/2026	142272	Meyer, Sydnie	Redund for Late Lottery Credit/2018 24th	800-12100	102-202-140-0	179.33
						179.33
						179.33
01/09/2026	142273	Quadient Finance USA Inc.	Lease N21011263 Coverage 11/02/25 to	100-51900-5310	Q2164519	489.03
						489.03

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						489.03
01/09/2026	142274	Riesterer & Schnell Inc.	Screws/Supplies - Cemetary	100-54910-3500	9222247	9.76
						9.76
						9.76
01/09/2026	142275	Rogers Street Fishing Village	2026 Sustainability Grant/Rogers Street	258-56700-2131	2026 ROGERS STREET D	500.00
						500.00
						500.00
01/09/2026	142276	Schindler Elevator Company	Quarterly Billing 01/01/2026-03/31/2026 -	100-55140-2900	4607338029	1,053.51
						1,053.51
						1,053.51
01/09/2026	142277	Shawn Williams Creative-Social Media	Social Media Audit, Moderation Strategy	258-56700-2100	946	800.00
						800.00
						800.00
01/09/2026	142278	Sinclair Broadcast Group	2026 WI Great Outdoors Campaign-Touri	258-56700-2912	6780504	4,500.00
						4,500.00
						4,500.00
01/09/2026	142279	Two Rivers Automotive Inc.	ST Ultra Twin - P&R	100-55200-3900	5172-338367	53.99
						53.99
						53.99
01/09/2026	142280	Two Rivers Business Association	2026 Two Rivers Business Association M	100-51100-3210	677	80.00
						80.00
						80.00
01/09/2026	142281	Two Rivers Fish Derby Inc.	2026 Sustainability Grant - Tourism	258-56700-2131	SUSTAINABILITY GRANT-	1,000.00
						1,000.00
						1,000.00
01/09/2026	142282	Two Rivers Historical Society	2026 Sustainability Grant/Operational Su	258-56700-2900	2026 SUST GRANT	3,000.00
						3,000.00
						3,000.00
01/09/2026	142283	Two Rivers Main Street Inc.	2026 Sustainability Grant/Cool City Car	258-56700-2131	2026 CC CAR SHOW	1,000.00
01/09/2026	142283	Two Rivers Main Street Inc.	2023 Tax Year/Payment of Delinquent BI	100-25815	000-079-014-1	63.55

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						1,063.55
01/09/2026	142284	Two Rivers Parks & Recreation	2026 Sustainability Grant/Friday Night Li	258-56700-2131	2026SUST GRANT	2,000.00
						2,000.00
01/09/2026	142285	Van der Brohe Arboretum	CIAC Reimbursement - 3800 Lincoln Ave	660-29252	364	520.91
						520.91
01/09/2026	142286	VeriPic Inc.	Annual Maintenance Agreement 2/1/202	100-52100-2402	34967	5,936.00
						5,936.00
01/09/2026	142287	Vorpahl Fire & Safety	Sprinkler Service/Repair Tested to NFPA	100-51600-3500	215414313	530.63
						530.63
01/09/2026	142288	WATA	2026 Annual Membership - Tourism	258-56700-3210	2026 MEMBERSHIP	150.00
						150.00
01/09/2026	142289	WCMA	2026 Membership Renewal - CMgr	100-51410-3210	2026 MEMBERSHIP	210.00
						210.00
01/14/2026	142290	Weichert Realtors	2026 Sustainability Grant/Snowfest - Tou	258-56700-2131	2026 SUST GRANT	.00
						.00
01/09/2026	142291	Welch, Jennifer	Refund/Security Deposit Refund	660-21130	6162-02	285.75
						285.75
01/13/2026	142292	Lakeshore Technical College	Tax Settlement - January 2026	800-24601	JANUARY 2026	231,792.13
						231,792.13
01/13/2026	142293	Manitowoc Co Treasurer	Tax Settlement - January 2026	800-24310	JANUARY 2026	1,524,910.47

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						1,524,910.47
01/13/2026	142294	Manitowoc School District	Tax Settlement - January 2026	800-24602	JANUARY 2026	70,949.34
						70,949.34
						8,477.27
01/13/2026	142295	Two Rivers Main Street Inc.	Tax Settlement - January 2026	815-56700-2000	JANUARY 2026	8,477.27
						2,969,640.76
01/13/2026	142296	Two Rivers Public School District	Tax Settlement - January 2026	800-24600	JANUARY 2026	2,969,640.76
						526.60
01/15/2026	142297	Airgas USA LLC	Cylinder Rental - WWTP	690-59833-2900	5521313757	526.60
						16.95
01/15/2026	142298	All Seasons Outdoor Power & Marine	139-6594 Cable-Cem	100-54910-3900	050725PR	16.95
						112.39
01/15/2026	142299	Amazon Business - Debit Memo	Supplies-CHall	100-51510-3100	1JGM-36WD-3V9M	112.39
01/15/2026	142299	Amazon Business - Debit Memo	Dry Erase Board/Calendar-CHall	100-51600-3500	1TVG-4M1P-4CRR	167.37
						279.76
01/15/2026	142300	Amazon Business - Debit Memo	Supplies - Comm House	100-55140-3100	1P6G-WWDN-D1M3	971.41
01/15/2026	142300	Amazon Business - Debit Memo	Supplies - Sr Center	250-55150-3900	1N6T-YNVG-DCV6	88.28
01/15/2026	142300	Amazon Business - Debit Memo	Document Holder - Elec	660-19184	1N6T-YNVG-CQ1J	248.67
01/15/2026	142300	Amazon Business - Debit Memo	Microphone - Rec	100-55300-3900	1L7R-FQLK-7LXN	1,270.66
01/15/2026	142300	Amazon Business - Debit Memo	Address Labels - Comm Dev	258-56700-3900	1T3T-RPML-F46G	9.41
						2,588.43
01/15/2026	142301	Amazon Business - Debit Memo	Business Cards/RRules Books - CC	100-51420-3220	1PVL-JJHT-4LN4	231.10
						231.10
01/15/2026	142302	Braun Industries Inc	Service Labor/Material-Paint Corrosion w	270-52300-2100	135118	11,666.67

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						11,666.67
01/15/2026	142303	Buelow Vetter Buikema Olson & Vliet LL	Labor Attorney - December 2025	100-51410-2130	211	3,347.50
						3,347.50
01/15/2026	142304	Center for Professional/Executive Develo	Transition to EXec Mngmnt - Sr Center	100-54150-2920	INV_92867	4,182.50
						4,182.50
01/15/2026	142305	City Of Manitowoc	Q4 - 2025 Bus Service	100-53520-2900	0601004	36,047.25
						36,047.25
01/15/2026	142306	Erickson Sports LLC	Wrestling TShirts - P&R	100-55300-3900	2923	400.00
01/15/2026	142306	Erickson Sports LLC	17 SS-TShirts/8 LS-TShirts - FD	100-52200-3850	2792	232.00
						632.00
01/15/2026	142307	Fond du Lac Library	Damaged Materials-West w/ Giraffes-Lib	280-55111-3420	39044006456902	20.00
						20.00
01/15/2026	142308	Fricke Printing Services Inc	2025 Tree Trimming Letters-ELEC	660-59593-2900	269321	1,264.33
						1,264.33
01/15/2026	142309	Gannett Wisconsin LocaliQ	Media Billing/Elections - December 2025	100-51440-2910	0007466972	384.51
						384.51
01/15/2026	142310	Hach Company	Lab Supplies - Wtr	650-59642-3900	14812175	228.33
						228.33
01/15/2026	142311	Hallman Lindsay	Paint/Supplies - P&R	100-23158	J0223533	190.92
						190.92
01/15/2026	142312	Hayden Water Co. LLC	Distilled Water for Lab - Water	650-59642-3900	174964	23.99



Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
01/15/2026	142322	Manitowoc Public Utilities	Standby Water Service - 5000 Memorial	650-59602-2900	425427/118598; 12/31	836.00
Total 142322:						836.00
01/15/2026	142323	Marco	Agreement 012-3116327-000-Library	280-55110-2130	40931021	523.51
Total 142323:						523.51
01/15/2026	142324	Maritime Ford	Heat not working in A5-FD	100-52300-2410	318102-4036	315.30
Total 142324:						315.30
01/15/2026	142325	Midwest Tape LLC	ADVD-Lib	280-55111-3450	508209403	21.24
Total 142325:						21.24
01/15/2026	142326	Miller Implement Co Inc	Filters - DPW	100-16120	261014	271.73
Total 142326:						271.73
01/15/2026	142327	Milwaukee Public Library - ILS	AFIC-Lib	280-55111-3420	3347854	14.95
Total 142327:						14.95
01/15/2026	142328	MSA Professional Services Inc	TR Utility GIS System Support Services-	650-59642-2900	024194W	43.75
Total 142328:						43.75
01/15/2026	142329	North Central Laboratories	Lab Equip Calibration - WWTP	690-59820-2900	529656	735.00
01/15/2026	142329	North Central Laboratories	Lab supplies - WWTP	690-59820-3900	529870	687.73
Total 142329:						1,422.73
01/15/2026	142330	Pace Analytical Services LLC	Landfill Sampling Analysis Fall 2025 - EN	419-53600-2900	2640171438	4,555.00
Total 142330:						4,555.00
01/15/2026	142331	Packer City Intl Trucks Inc.	2025 International HV507	100-16120	X101213138:01	1,034.20
Total 142331:						1,034.20

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
01/15/2026	142332	Perry Electric LLC	LED Replacements - Sr Center	250-55150-2900	276	2,539.00
Total 142332:						2,539.00
01/15/2026	142333	Preferred Controls Inc.	Service work/ 2025 December Support -	650-59643-2900	5471	1,978.00
Total 142333:						1,978.00
01/15/2026	142334	Riesterer & Schnell Inc.	X730 Annual Season Change Over-2025	100-52200-3500	9209476	164.79
Total 142334:						164.79
01/15/2026	142335	Schaus Mechanical	Ceiling-hung unit cracked heat exchange	100-54910-2900	SD16486	131.00
Total 142335:						131.00
01/15/2026	142336	SEERA Focus on Energy	Focus Program - 12/31/2025	660-29253	DECEMBER 2025	3,782.94
Total 142336:						3,782.94
01/15/2026	142337	Staab, Paul	Energy Star-DLEX4000W-Dryer	660-29253	WN37723399	100.00
Total 142337:						100.00
01/15/2026	142338	Stangel's Tree Service LLC	Tree & Stump Removal @ new cemetery	260-55210-2900	0000594	7,125.00
Total 142338:						7,125.00
01/15/2026	142339	Suettinger's Keys LLC	Padlocks - KA#IN264	650-59643-3900	124523	319.80
Total 142339:						319.80
01/15/2026	142340	Two Rivers Wrestling Club	2025 Youth Wrestling Season	100-55300-2900	01122026	603.25
Total 142340:						603.25
01/15/2026	142341	Vinton Construction Company	6-2025 SBH Curb/Gutter/Asphalt Paving	451-53300-8760	25124	310,409.83
Total 142341:						310,409.83
01/15/2026	142342	Wausau Equipment Co Inc	HCD Cyl - DPW	100-16120	9795691	3,034.57

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						3,034.57
01/15/2026	142343	Wausau Equipment Company	Tube-DPW	100-16120	9795698	324.65
						324.65
						324.65
01/15/2026	142344	West & Dunn LLC	Legal Services - CM	100-51340-2120	21010	7,000.00
						7,000.00
						7,000.00
01/15/2026	142345	Wisc State Laboratory/Hygiene	Flouride Samples - Wtr	650-59642-2900	830314	31.00
						31.00
						31.00
01/15/2026	142346	Wisconsin Public Service	2615 13th St - South Twr	650-59661-2220	0401271669-25; 12/30	51.00
01/15/2026	142346	Wisconsin Public Service	2318 Picnic Hill Ln - East Twr	650-59661-2220	0401271669-26; 12/30	54.12
01/15/2026	142346	Wisconsin Public Service	1401A Lake Street - High Lift	650-59626-2220	0401271669-32; 12/30	252.97
01/15/2026	142346	Wisconsin Public Service	1415 Lake St - Filter Plant	650-59643-2220	0401271669-33; 12/19	3,026.21
						3,384.30
01/16/2026	142347	AnSer Services	Base Rate for January/Holiday Charge 2	650-59665-2900	6502-010126	503.99
						503.99
						503.99
01/16/2026	142348	ASCAP	License Fee 1/1/26-12/31/26	250-55150-3900	100006747855	458.00
						458.00
						458.00
01/16/2026	142349	Brisingamen, Lucas & Dianne	Refund for Late Lottery Credit	800-21130	1440051700	179.33
						179.33
						179.33
01/16/2026	142350	CDW Government Inc	12 Desktop PC's - IT	460-51900-8120	AH5QG1L	7,433.90
						7,433.90
						7,433.90
01/16/2026	142351	CliftonLarsonAllen LLP	Progress Billing: City's Audit for District 1	242-56700-2900	L251700509	2,089.50

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						2,089.50
01/16/2026	142352	Dominos Pizza	CIAC Reimbursement	660-29252	394	25.71
						25.71
						25.71
01/16/2026	142353	Erickson Sports LLC	31 TShirts - FD	100-52200-3850	2942	93.00
						93.00
						93.00
01/16/2026	142354	Fitness Store	Service - P&R	100-55140-3500	2026-4	421.00
						421.00
						421.00
01/16/2026	142355	Friends of Two Rivers Snowfest	2026 Sustainability Grant/Snowfest - Tou	258-56700-2131	2026 SUST. GRANT	500.00
						500.00
						500.00
01/16/2026	142356	Hawkins Inc	Azone-15, Citric Acid - Wtr	650-59641-3910	7301788	2,307.06
						2,307.06
						2,307.06
01/16/2026	142357	Hilario Antonio Guerro Guillen	Restitution for Court Case QC-16353/Inci	100-21125	74808HJNBW	150.00
						150.00
						150.00
01/16/2026	142358	James Leasing LLC	Contract R15989-01 Coverage 1/06/202	100-54150-2900	25231	109.65
						109.65
						109.65
01/16/2026	142359	Keeley, Stephen	2026 Winter Hangout Performance Fee-	264-55140-2900	01302026	300.00
						300.00
						300.00
01/16/2026	142360	KONE	Maintenance 01/01/2026-03/31/2026	660-59598-2900	871895445	505.17
						505.17
						505.17
01/16/2026	142361	Manitowoc Engraving Inc	Garbage Stickers - Cust Serv	640-53620-3900	33129	1,185.00
						1,185.00

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						1,185.00
01/16/2026	142362	Memorial Drive Vet Clinic	Xanti - PD	209-52100-2901	401805	269.41
						269.41
01/16/2026	142363	MSA Professional Services Inc	TR Utility GIS System Support Services-	260-55210-2900	024194F	395.00
						395.00
01/16/2026	142364	Municipal Elec Utilities of WI	2026 Membership Dues	660-49426	010126-72	10,214.00
						10,214.00
01/16/2026	142365	NEWSC	2026 NEWSC Membership-Eng	680-59770-2900	2026 NEWSC	2,055.00
						2,055.00
01/16/2026	142366	OpenPoint LLC	OpenPoint Subscription - January 2026	660-59923-2403	1871	1,960.00
						1,960.00
01/16/2026	142367	Packer City Intl Trucks Inc.	BDT241481 Clamps - DPW	100-16120	X101213332:01	8.68
						8.68
01/16/2026	142368	Premium Waters Inc	Lab Water - WWTP	690-59820-2900	391448929	124.99
						124.99
01/16/2026	142369	SESAC	Contract No.: 56206-1 Jan 01,2026 --De	100-55300-2900	10875938	641.00
						641.00
01/16/2026	142370	Sherwin Williams Co	Paint - WWTP	690-59834-3900	29326104410126	1,138.04
						1,138.04
01/16/2026	142371	Sonnenburg Builders	Water Plant Soffit Project-Wtr	650-19331	01122026	25,000.00



Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						47.94
01/22/2026	142381	Cintas Corp	Supplies - Water & Electric	100-51600-3500	4256118633	396.49
						396.49
						396.49
01/22/2026	142382	Cintas Corp	Supplies - Water & Electric	100-51600-3500	4255359878	210.49
						210.49
						210.49
01/22/2026	142383	Complete Office of Wisconsin	Supplies - City Hall	100-51600-3500	60343	77.43
						77.43
						77.43
01/22/2026	142384	DeRosier, Brian	Energy Star-CUF21M2W-Freezer	660-29253	CUF21M2W	50.00
						50.00
						50.00
01/22/2026	142385	Envirotech Equipment Co	Root Cutter Kit	690-59832-2900	25-0025652	3,055.16
						3,055.16
						3,055.16
01/22/2026	142386	Esper, Thomas	Energy Star-GDT670SYVFS-Dishwasher	660-29253	GDT670SYVFS	50.00
						50.00
						50.00
01/22/2026	142387	Fabian, Paul	Energy Star-LROFC0605V-Freezer	660-29253	LROFC0605V	50.00
						50.00
						50.00
01/22/2026	142388	Fire Dept Petty Cash	Petty Cash Reimbursement-FD	100-52200-3500	011926	86.68
						86.68
						86.68
01/22/2026	142389	Fire Service Inc	Aero Flex Gear-FD	455-52200-8170	57979	9,740.00
						9,740.00
						9,740.00
01/22/2026	142390	Hach Company	Lab Chemicals - Water	650-59642-3900	14818845	254.00



Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
01/22/2026	142399	Manitowoc Public Library	2026 Annual Microfil Subscription HTR -	280-55114-3490	01212026	1,987.50
Total 142399:						1,987.50
01/22/2026	142400	Manitowoc Trophy	Tree & Bench/Levanetz - REC	100-23158	49758	115.00
Total 142400:						115.00
01/22/2026	142401	Mid-American Research Chemical	Impulse Floor Cleaner - Rec	100-55140-3500	0868286-IN	416.42
Total 142401:						416.42
01/22/2026	142402	Midwest Meter Inc	M-25 CF HRE-LCD w/NICOR - Wtr	650-19346	0184963-IN	47,500.00
Total 142402:						47,500.00
01/22/2026	142403	Milkweed Ventures LLC	Draw Request #1 - TIF12-CD	241-56700-5950	DR01202026-1	15,000.00
Total 142403:						15,000.00
01/22/2026	142404	Miller Implement Co Inc	Tires 29x10.5x15 - DPW	100-16120	263097	1,578.44
Total 142404:						1,578.44
01/22/2026	142405	Motorola	3PC Front Housing/Dual Display-FD	270-52300-2100	8282259606	272.56
Total 142405:						272.56
01/22/2026	142406	Penworthy Company LLC, The	JF - Library	280-55112-3420	0614284-IN	582.23
Total 142406:						582.23
01/22/2026	142407	Santa's Crew LLC	2026 CCC Down Payment for Reindeer/	262-55320-2901	121226-2026 CCC	350.00
Total 142407:						350.00
01/22/2026	142408	Smith, Glenn	Energy Star-WM4080HBA-Washer	660-29253	WM4080HBA	50.00
Total 142408:						50.00
01/22/2026	142409	State of Wisconsin - DOA	FY26 Q2 Public Benefits Fees	660-29253	505-0000108575	11,705.84

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						11,705.84
01/22/2026	142410	Two Rivers Automotive Inc.	Bolts/Plow Blades - CEM	100-54910-3900	5172-339233	348.07
01/22/2026	142410	Two Rivers Automotive Inc.	Parts for EID Repair - Fire	100-52210-2410	5172-339620	9.15
						357.22
01/26/2026	142411	Two Rivers Historical Society	2026 January Monthly Support Pymt	258-56700-2910	2026 JANUARY	.00
						.00
						44,650.00
01/22/2026	142412	United Systems & Software Inc.	Mounting Kit for Remote-Wtr	650-59663-3900	120162	44,650.00
						44,650.00
01/22/2026	142413	Waukesha Co Technical College	Tuition & Materials Fees-Lade	100-52115-2920	S0879707	778.00
01/22/2026	142413	Waukesha Co Technical College	Tuition & Materials Fees-Reif	100-52115-2920	S0883226	230.00
						1,008.00
01/22/2026	142414	Wisc Dept of Justice	Pseudococaine & Pseudoheroinin - PD	209-52100-3900	DR-26 6	69.26
						69.26
01/22/2026	142415	Wisc Dept Of Revenue-DEBITMEMO	Sales Tax December 2025	640-29410	0-367-255-264	9,392.54
						9,392.54
01/22/2026	142416	Wisc Economic Development Assn	2026 Early Bird II Full Conference-Sachs	291-56700-2920	ER-2026-6230	549.00
01/22/2026	142416	Wisc Economic Development Assn	2026 Indv Membership Application-Com	291-56700-3210	MR-2026-9066	350.00
						899.00
01/22/2026	142417	Wisconsin Municipal Judges Association	2026 Annual Membership Dues - PD	100-51200-3210	2026 ANNUAL DUES	150.00
						150.00
01/22/2026	142418	Wisconsin Steam Cleaner	3/8"Coupler/50'Wire 4000 PSI 250F/310	100-52100-2450	69302	168.61
01/22/2026	142418	Wisconsin Steam Cleaner	Parts - PD	100-52100-2450	69375	57.39

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						226.00
01/22/2026	142419	Yungerman, Jo	Concessions - Sr Center	250-55150-3900	2000142-46233497	63.05
						63.05
Total 142419:						
01/29/2026	142421	Amazon Business - Debit Memo	Office Supplies-PD	100-52100-3100	1J7Q-Y4YC-FTF6	17.81
01/29/2026	142421	Amazon Business - Debit Memo	Promos/Discounts-FD	100-52200-3100	1NVW-F9CK-MR6Q	426.98
01/29/2026	142421	Amazon Business - Debit Memo	Office Supplies-Comm Dev	258-56700-3900	1NVW-F9CK-JJYM	192.75
01/29/2026	142421	Amazon Business - Debit Memo	Forks-Wtr	660-59588-3900	1C1Y-7YFX-F9WC	248.90
01/29/2026	142421	Amazon Business - Debit Memo	Other Supplies-Parks	100-55200-3900	1HKY-LKVD-FRXP	790.95
01/29/2026	142421	Amazon Business - Debit Memo	Returned Other Supplies-Cem	100-54910-3900	CM-14NW-CNH3-HGQ4	34.56-
01/29/2026	142421	Amazon Business - Debit Memo	Returned Office Supplies-Wtr	660-59921-3900	CM-14Q6-LG6V-4973	29.00-
Total 142421:						1,613.83
01/29/2026	142422	Amazon Business - Debit Memo	Bldg & Ground Maintenance-City Hall	100-51600-3500	1DQ3-HN3W-FY6X	326.36
						326.36
Total 142422:						
01/29/2026	142423	Ball Auto & Truck Parts Inc	Tools - Elec	660-59588-3900	397586	26.99
01/29/2026	142423	Ball Auto & Truck Parts Inc	Tools - Elec	660-59588-3900	397587	54.99
Total 142423:						81.98
01/29/2026	142424	Bay Verte Machinery Inc.	Tools - Elec	660-59588-3900	588596-00	1,112.90
						1,112.90
Total 142424:						
01/29/2026	142425	Blaeser, Joel	Energy Star-DLE400W-Dryer	660-29253	82023	100.00
						100.00
Total 142425:						
01/29/2026	142426	Cawley Company	Prof Serv-Lib	280-55110-2130	V1151684	71.75
						71.75
Total 142426:						
01/29/2026	142427	Center Point Large Print	ALP - Library	280-55111-3430	2222054	250.50





Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
01/29/2026	142447	Office Furniture Outlet Inc	7621ACMS Office Supplies-PD	100-52100-3100	2433	464.00
Total 142447:						464.00
01/29/2026	142448	Olech, Bozena	Energy Star-GGS600AVFS-Gas Range	660-29253	GGS600AVFS	50.00
Total 142448:						50.00
01/29/2026	142449	Onderbeke, Max	Energy Star-KDPS324SPS-Dishwasher	660-29253	KDPS324SPS	50.00
Total 142449:						50.00
01/29/2026	142450	Packer City Intl Trucks Inc.	Remaining Buildout of Truck#33	457-53300-8100	404847-01	132,081.00
Total 142450:						132,081.00
01/29/2026	142451	Praxis Consulting	2026 Quick Clerk Maintenance-PD	100-51200-8190	20101093	2,400.00
Total 142451:						2,400.00
01/29/2026	142452	Red Power Diesel Service Inc.	Primer Control Valve-FD	100-52210-2410	6661	108.84
Total 142452:						108.84
01/29/2026	142453	Richard Erdmann	Energy Star-PTD60EBSRWS-Dryer	660-29253	79762	100.00
Total 142453:						100.00
01/29/2026	142454	State of Wisconsin	December 2025 Penalty Surcharges & C	100-21125	DECEMBER 2025	2,297.27
Total 142454:						2,297.27
01/29/2026	142455	Strand Associates Inc	WSSAP Water Regulations through 12-3	650-19107	0234103	8,000.00
Total 142455:						8,000.00
01/29/2026	142456	Tech Products Inc.	Aluminum Tags & Letter Tags - Elec	660-59594-3900	119000	499.58
Total 142456:						499.58
01/29/2026	142457	Two Rivers 1 LLC	Credit Balance due to overpayment for 2	100-16000	128-005-040-8	20.82

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						20.82
01/29/2026	142458	Two Rivers Automotive Inc.	Lift Support-FD	100-52210-2410	5172-339848	9.58
01/29/2026	142458	Two Rivers Automotive Inc.	Back-Up Lamp-FD	100-52210-2410	5172-339773	54.36
01/29/2026	142458	Two Rivers Automotive Inc.	Lift Support-FD	100-52210-2410	5172-339724	11.03
						74.97
01/29/2026	142459	Utility Sales and Service Inc	VEH 28 Maintenance - Elec	660-19184	0079581-IN	1,960.45
						1,960.45
01/29/2026	142460	Village of Mishicot Treasurer	December 2025 Municipal Court Forfeitu	100-21125	DECEMBER 2025	1,010.41
						1,010.41
01/29/2026	142461	Watkiss, Noah & Kathryn	Late Lottery Credit Refund	800-12102	161-012-101-7	179.33
						179.33
01/29/2026	142462	WCA/Group Health Trust	2026 February Health Premiums-Retiree	100-16300	0019168936	220,619.97
						220,619.97
01/29/2026	142463	Welsh, Amber	Refund of 2025 Real Estate Tax Overpay	100-16000	156-006-140-0	1,702.47
						1,702.47
01/29/2026	142464	Wisc Dept Of Justice	CIB-TIME Services 1/1/26-12/31/26 -PD	100-52100-2203	455TIME-0000019151	2,046.00
						2,046.00
01/29/2026	142465	Wisc Dept of Transportation	TVRP-2 Suspensions 01-21-26	100-45131	25632334	6.00
						6.00
01/29/2026	142466	Wisconsin Public Service	1001 Adams Street - Library	280-55110-2220	0401271669-23; 01/22	2,614.70
01/29/2026	142466	Wisconsin Public Service	1403 LAKE STREET - GENERATOR	660-59588-2220	0401271669-38; 01/22	19.00

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Invoice Number	Invoice Amount
						2,633.70
Total 142466:						
01/29/2026	142467	Wisconsin Retirement System	2025 Contributions-December	100-21520	DECEMBER 2025	162,329.65
Total 142467:						162,329.65
01/29/2026	142468	WPPI Energy	Service for December 2025	660-59902-2900	25-122025	521,927.71
Total 142468:						521,927.71
01/29/2026	142469	WTSOA	2026 Conference/Lutze - Two Rivers PD	100-52115-2920	2026 CONFERENCE	250.00
Total 142469:						250.00
01/29/2026	142470	Zoro Tools Inc.	Self Draining VB - Wtr	650-59664-2900	INV18063089	134.82
01/29/2026	142470	Zoro Tools Inc.	Fire Boot-Wtr	650-59643-3900	INV18087189	136.79
01/29/2026	142470	Zoro Tools Inc.	Ear Plugs-Wtr	650-59643-3900	INV18107882	26.59
01/29/2026	142470	Zoro Tools Inc.	Self Draining VB - Wtr	650-59664-2900	INV18118099	119.85
01/29/2026	142470	Zoro Tools Inc.	Elec Tape/Disinfecting Mat-Wtr	650-59643-3900	INV18134177	72.99
Total 142470:						491.04
Grand Totals:						7,099,014.32

3/20

Form

AB-220

## Temporary Alcohol Beverage License

Municipality

Section 9, ItemD.

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

Two Rivers Main Street

2. Organization Permanent Address

1608 Washington Street

3. City

Two Rivers

4. State

WI

5. Zip Code

54241

6. Mailing Address (if different from permanent address)

PO Box 417

7. FEIN

39-1884042

8. Date of Organization/Incorporation

1996

9. State of Organization/Incorporation

WI

10. Phone

(920) 794-1482

11. Email

Director@tworiversmainstreet.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
Pigeon	Kristine	Board Chair	(920) 973-0074
Stevens	Travis	Vice Chair	(920) 973-1681
Kumbalek	Devin	Secretary	(920) 482-3732
Meisner	Nick	Treasurer	(920) 482-3712

Continued →

**Part C: Event Information**

1. Name of Event (if applicable)

Great TRivia Contest

2. Dates of Operation

March 20

3. Hours of Operation

6pm - 10pm

4. Premises Address

1710 W Park Street

5. City

Two Rivers

6. State

WI

7. Zip Code

54241

8. County

Manitowoc

9. Governing Municipality

 City Town Village

10. Aldermanic District

of:

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

Two Rivers Main Street

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

director@tworiversmainstreet.com

13. Organizer Website

www.tworiversmainstreet.com

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.

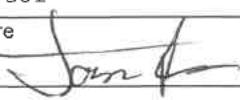
Central Park Pavilion/Community House

**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 Ring	First Name Jason	M.I. P
Title Director	Email Director@tworiversmainstreet.com	Phone (920) 794-1482
Signature 	Date 1/20/2024	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk

1-20-2020

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

# Alcohol Beverage Appointment of Agent

**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 Main Street

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

Ring

2. First Name

Jason

3. M.I.

P

4. Email

director@tworiversmainstreet.com

5. Phone

920-794-1482

6. Home Address

1608 Washington Street

7. City

Two Rivers

8. State

WI

9. Zip Code

54241

10. Date of Birth

08/16/1977

11. Drivers License/State ID Number

[REDACTED]

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.

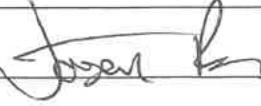
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? .....  Yes  No

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes  No  
See instructions for exceptions.

Continued →

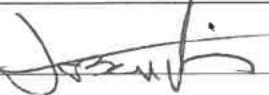
**Part D: Business Attestation**

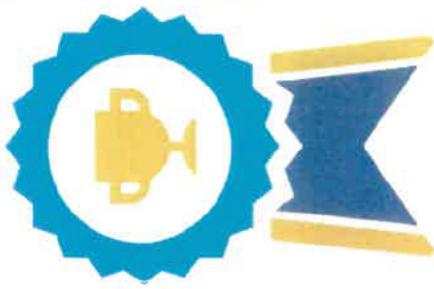
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that 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 Ring	First Name Jason	M.I. P
Title Director	Email director@tworiversmainstreet.com	Phone 720-901-9743
Signature 	Date 01/13/26	

**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 Ring	First Name Jason	M.I. P
Signature 	Date 01/13/26	



# Certificate

## RESPONSIBLE BEVERAGE SERVER

*awarded to*

Jason Ring

*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. Stats.*

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www.Wisconsin-Bartending.com

*Training Provider*

---

07/31/2024

*Training Date*

**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
- 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)

Two Rivers Main Street

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

Ring

2. First Name

Jason

3. M.I.

P

4. Relationship to Business (Title)

Director

5. Email

director@tworiversmainstreet.com

6. Phone

(920) 794-1482

7. Home Address

615 Buchholz Street

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

08/16/77

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

08/1977

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

615 Buchholz 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 WI	County LaCrosse	State WI	County Dunn	State WI	County Milwaukee	State WI	County Brown
State WI	County Trempealeau	State WI	County Manitowoc	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

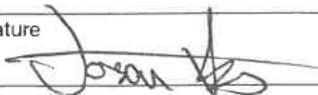
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ....  Yes  No

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

1/30/2024



**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

1-14-26

**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
- 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) Two Rivers Main Street					
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>Stevens</b>		2. First Name <b>Travis</b>			3. M.I. <b>M</b>
4. Relationship to Business (Title)		5. Email <b>trstevens53@gmail.com</b>		6. Phone <b>920-973-1681</b>	
7. Home Address <b>818 Buchholz St</b>					
8. City <b>Two Rivers</b>		9. State <b>WI</b>	10. Zip Code <b>54241</b>	11. Date of Birth <b>06/06/1984</b>	
12. Drivers License/State ID Number <b>[REDACTED]</b>			13. Drivers License/State ID State of Issuance <b>WI</b>		

<b>Part C: Address History</b>					
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <b>818 Buchholz St</b>		City <b>Two Rivers</b>		State <b>WI</b>	Zip Code <b>54241</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 <b>WI</b>	County <b>Manitowoc</b>	State	County	State	County	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

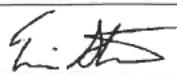
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? .....  Yes  No

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

01/14/2026

**Alcohol Beverage  
Individual Questionnaire**Section 9, ItemD.  
Date 01/14/2026

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) Two Rivers Main Street	
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 Kumbalek	2. First Name Devin	3. M.I. M	
4. Relationship to Business (Title)	5. Email KumbalekD@shorelinecu.org	6. Phone (920) 242-8305	
7. Home Address 1923 Lincoln St.			
8. City Two Rivers	9. State WI	10. Zip Code 54241	11. Date of Birth 05/31/1998
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance Wisconsin	

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 1999			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 2532 34th St.	City Two Rivers	State WI	Zip Code 54241
Previous Address 2 1325 S 9th St.	City Manitowoc	State WI	Zip Code 54220
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 WI	County Manitowoc	State	County	State	County	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 01/14/2020
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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
- 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)

*Two Rivers Main Street*

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

Meissner

2. First Name

Nicholas

3. M.I.

A

4. Relationship to Business (Title)

Treasurer

5. Email

nmeissner94@gmail.com

6. Phone

(920)973-6316

7. Home Address

719 Lowell St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

6/21/1994

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

**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	Months
31	7

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

Previous Address 1

719 Lowell St

City

Two Rivers

State

WI

Zip Code

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

Continued

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**Part D: Criminal History**

Section 9, ItemD.

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	Nicholas Meissner	Date	1/18/26
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6/26/27

Form

AB-220

## Temporary Alcohol Beverage License

Municipality

Section 9, ItemD.

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

Two Rivers Main Street

2. Organization Permanent Address

1608 Washington Street

3. City

Two Rivers

4. State

WI

5. Zip Code

54241

6. Mailing Address (if different from permanent address)

PO Box 417

7. FEIN

39-1884042

8. Date of Organization/Incorporation

1996

9. State of Organization/Incorporation

WI

10. Phone

(920) 794-1482

11. Email

director@tworiversmainstreet.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
Pigeon	Kristine	Board Chair	(920) 973-0074
Stevens	Travis	Vice Chair	(920) 973-1681
Kumbalek	Devin	Secretary	(920) 482-3732
Meisner	Nick	Treasurer	(920) 482-3712

Continued →

**Part C: Event Information**

1. Name of Event (if applicable)

Cool City Classic Car Show

2. Dates of Operation

June 26 and 27

3. Hours of Operation

Fri 5-10 Sat 8-4

4. Premises Address

1700 Washington Street

5. City

Two Rivers

6. State

WI

7. Zip Code

54241

8. County

Manitowoc

9. Governing Municipality

 City Town Village

10. Aldermanic District

of:

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

Two Rivers Main Street

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

director@tworiversmainstreet.com

13. Organizer Website

www.tworiversmainstreet.com

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.

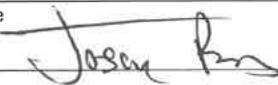
Central Park Pavilion/Community House

**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 Ring	First Name Jason	M.I. P
Title Director	Email Director@tworiversmainstreet.com	Phone (920) 794-1482
Signature 	Date 1/26/2024	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk

1-20-26

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

**Alcohol Beverage  
Appointment of Agent**

Date

Section 9, Item D.

**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 Main Street

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

Ring

2. First Name

Jason

3. M.I.

P

4. Email

director@tworiversmainstreet.com

5. Phone

920-794-1482

6. Home Address

1608 Washington Street

7. City

Two Rivers

8. State

WI

9. Zip Code

54241

10. Date of Birth

08/16/1977

11. Drivers License/State ID Number

[Redacted]

12. Drivers License/State ID State of Issuance

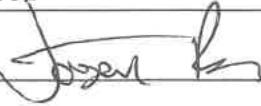
WI

**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* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? .....  Yes  No3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes  No  
See instructions for exceptions.

Continued →

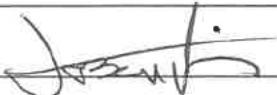
**Part D: Business Attestation**

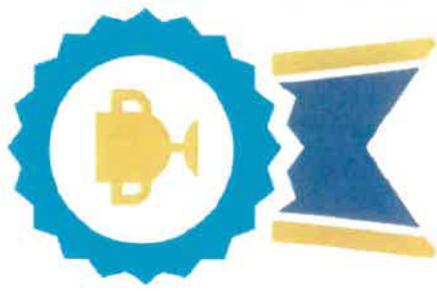
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that 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 Ring	First Name Jason	M.I. P
Title Director	Email director@tworiversmainstreet.com	Phone 720-901-9743
Signature 	Date 01/13/26	

**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 Ring	First Name Jason	M.I. P
Signature 	Date 01/13/26	



# Certificate

## RESPONSIBLE BEVERAGE SERVER

*awarded to*

Jason Ring

*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. Stats.*

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www.Wisconsin-Bartending.com

*Training Provider*

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07/31/2024

*Training Date*

**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
- 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)

Two Rivers Main Street

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

Ring

2. First Name

Jason

3. M.I.

P

4. Relationship to Business (Title)

Director

5. Email

director@tworiversmainstreet.com

6. Phone

(920) 794-1482

7. Home Address

615 Buchholz Street

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

08/16/77

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No

If yes, provide the month and year when you permanently moved to Wisconsin  (MM/YYYY) 08/1977

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
615 Buchholz 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 WI	County LaCrosse	State WI	County Dunn	State WI	County Milwaukee	State WI	County Brown
State WI	County Trempealeau	State WI	County Manitowoc	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

1/30/2024

**Alcohol Beverage  
Individual Questionnaire**Section 9, ItemD.  
Date  
**1-14-26**

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.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <b>Two Rivers Main Street</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>Pigeon</b>	2. First Name <b>Kristine</b>	3. M.I. <b>T</b>	
4. Relationship to Business (Title) <b>President</b>	5. Email <b>Kristine.pigeon@yahoo.com</b>	6. Phone <b>920-973-0074</b>	
7. Home Address <b>3246 S. County Rd P</b>			
8. City <b>Denmark</b>	9. State <b>WI</b>	10. Zip Code <b>54208</b>	11. Date of Birth <b>5-25-75</b>
12. Drivers License/State ID Number <b>[REDACTED]</b>	13. Drivers License/State ID State of Issuance <b>Wisconsin</b>		

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) <b>5-25-75</b>			
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 <b>WI</b>	County <b>manitowoc</b>	State	County	State	County	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

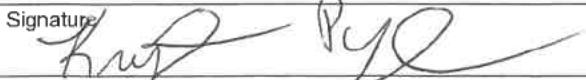
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? .....  Yes  No

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
	1-14-26

**Alcohol Beverage  
Individual Questionnaire**Section 9, ItemD.  
Date  
**01/14/2026**

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) <b>Two Rivers Main Street</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>Stevens</b>	2. First Name <b>Travis</b>	3. M.I. <b>M</b>	
4. Relationship to Business (Title)	5. Email <b>trstevens53@gmail.com</b>	6. Phone <b>920-973-1681</b>	
7. Home Address <b>818 Buchholz St</b>			
8. City <b>Two Rivers</b>	9. State <b>WI</b>	10. Zip Code <b>54241</b>	11. Date of Birth <b>06/06/1984</b>
12. Drivers License/State ID Number <b>[REDACTED]</b>	13. Drivers License/State ID State of Issuance <b>WI</b>		

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) <b>[REDACTED]</b>			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <b>818 Buchholz St</b>	City <b>Two Rivers</b>	State <b>WI</b>	Zip Code <b>54241</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 <b>WI</b>	County <b>Manitowoc</b>	State	County	State	County	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

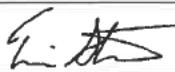
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? .....  Yes  No

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



**Alcohol Beverage  
Individual Questionnaire**Section 9, ItemD.  
Date **01/14/2026**

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) <b>Two Rivers Main Street</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>Kumbalek</b>	2. First Name <b>Devin</b>	3. M.I. <b>M</b>	
4. Relationship to Business (Title) <b>Two Rivers</b>	5. Email <b>Kumbalekde@shorelinecu.org</b>	6. Phone <b>(920) 242-8305</b>	
7. Home Address <b>1923 Lincoln St.</b>			
8. City <b>Two Rivers</b>	9. State <b>WI</b>	10. Zip Code <b>54241</b>	11. Date of Birth <b>05/31/1998</b>
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance <b>Wisconsin</b>	

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) <b>1999</b>			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <b>2532 34th St.</b>	City <b>Two Rivers</b>	State <b>WI</b>	Zip Code <b>54241</b>
Previous Address 2 <b>1325 S 9th St.</b>	City <b>Manitowoc</b>	State <b>WI</b>	Zip Code <b>54220</b>
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 <b>WI</b>	County <b>Manitowoc</b>	State	County	State	County	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
	01/14/2020

**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
- 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)

*Two Rivers Main Street*

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

Meissner

2. First Name

Nicholas

3. M.I.

A

4. Relationship to Business (Title)

Treasurer

5. Email

nmeissner94@gmail.com

6. Phone

(920)973-6316

7. Home Address

719 Lowell St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

6/21/1994

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

**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	Months
31	7

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

Previous Address 1

719 Lowell St

City

Two Rivers

State

WI

Zip Code

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

Continued

**Part D: Criminal History**

Section 9, ItemD.

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

*Nicholas Meissner*

Date

1/18/26

## 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

Two Rivers Main Street

2. Organization Permanent Address

1608 Washington Street

3. City

Two Rivers

4. State

WI

5. Zip Code

54341

6. Mailing Address (if different from permanent address)

PO Box 417

7. FEIN

39-1884042

8. Date of Organization/Incorporation

1996

9. State of Organization/Incorporation

WI

10. Phone

(920) 794-1482

11. Email

director@tworiversmainstreet.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
Pigeon	Kristine	Board Chair	(920) 973-0074
Stevens	Travis	Vice Chair	(920) 973-1681
Kumbalek	Devin	Secretary	(920) 482-3732
Meisner	Nick	Treasurer	(920) 482-3712

Continued →

**Part C: Event Information**

1. Name of Event (if applicable)

Bryan Lee Memorial Blues Festival

2. Dates of Operation

July 11

3. Hours of Operation

11 am to 10 pm

4. Premises Address

1700 Washington St.

5. City

Two Rivers

6. State

WI

7. Zip Code

54241

8. County

Manitowoc

9. Governing Municipality

 City Town Village

10. Aldermanic District

of:

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

Two Rivers Main Street

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

director@tworiversmainstreet.com

13. Organizer Website

www.tworiversmainstreet.com

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.

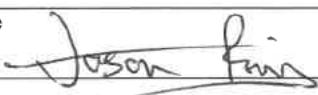
Central Park Pavilion/Community House

**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 Ring	First Name Jason	M.I. P
Title Director	Email Director@tworiversmainstreet.com	Phone (920) 794-1482
Signature 	Date 1/20/2026	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk

1-20-2026

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

**Alcohol Beverage  
Appointment of Agent****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 Main Street

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 Ring	2. First Name Jason	3. M.I. P
4. Email director@tworiversmainstreet.com	5. Phone 920-794-1482	
6. Home Address 1608 Washington Street		
7. City Two Rivers	8. State WI	9. Zip Code 54241
11. Drivers License/State ID Number [REDACTED]	10. Date of Birth 08/16/1977	
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.

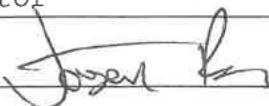
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? .....  Yes  No

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes  No  
See instructions for exceptions.

Continued →

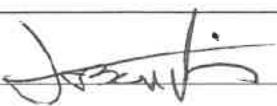
**Part D: Business Attestation**

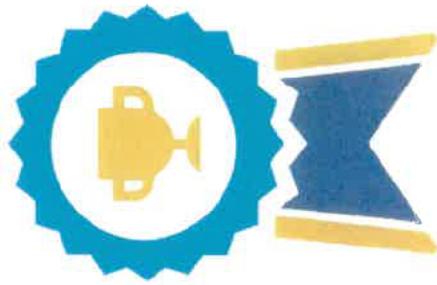
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that 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 Ring	First Name Jason	M.I. P
Title Director	Email director@tworiversmainstreet.com	Phone 920-901-9743
Signature 	Date 01/13/26	

**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 Ring	First Name Jason	M.I. P
Signature 	Date 01/13/26	



# Certificate

## RESPONSIBLE BEVERAGE SERVER

awarded to

Jason Ring

*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. Stats.*

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www.Wisconsin-Bartending.com

Training Provider

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07/31/2024

Training Date

**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
- 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)

Two Rivers Main Street

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

Ring

2. First Name

Jason

3. M.I.

P

4. Relationship to Business (Title)

Director

5. Email

director@tworiversmainstreet.com

6. Phone

(920) 794-1482

7. Home Address

615 Buchholz Street

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

08/16/77

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

08/1977

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

Previous Address 1

615 Buchholz St

City

Two Rivers

State

WI

Zip Code

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

County

State

County

WI

LaCrosse

WI

Dunn

WI

Milwaukee

WI

Brown

State

County

State

County

State

County

State

County

WI

Trempealeau

WI

Manitowoc

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.

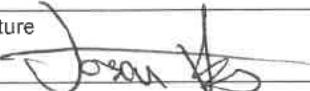
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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
	1/20/2024

**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
- 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) <b>Two Rivers Main Street</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>Pigeon</b>	2. First Name <b>Kristine</b>	3. M.I. <b>T</b>	
4. Relationship to Business (Title) <b>President</b>	5. Email <b>Kristine.pigeon@yahoo.com</b>	6. Phone <b>920-973-0074</b>	
7. Home Address <b>3246 S. County Rd P</b>			
8. City <b>Denmark</b>	9. State <b>WI</b>	10. Zip Code <b>54208</b>	11. Date of Birth <b>5-25-75</b>
12. Drivers License/State ID Number <b>[REDACTED]</b>	13. Drivers License/State ID State of Issuance <b>Wisconsin</b>		

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin ..... (MM/YYYY) <b>5-25-75</b>			
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 <b>WI</b>	County <b>manitowoc</b>	State	County	State	County	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.

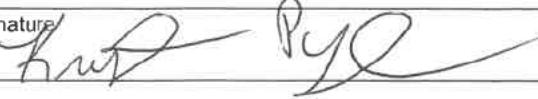
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 1-14-26
---	--------------

**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
- 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)

Two Rivers Main Street

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

Stevens

2. First Name

Travis

3. M.I.

M

4. Relationship to Business (Title)

5. Email

trstevens53@gmail.com

6. Phone

920-973-1681

7. Home Address

818 Buchholz St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

06/06/1984

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1

818 Buchholz St

City

Two Rivers

State

WI

Zip Code

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

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

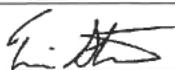
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? .....  Yes  No

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



**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
- 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) <b>Two Rivers Main Street</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>Kumbalek</b>		2. First Name <b>Devin</b>	3. M.I. <b>M</b>
4. Relationship to Business (Title)	5. Email <b>Kumbalekd@shorelinecu.org</b>	6. Phone <b>(920)242-8305</b>	
7. Home Address <b>1923 Lincoln St.</b>			
8. City <b>Two Rivers</b>		9. State <b>WI</b>	10. Zip Code <b>54241</b>
12. Drivers License/State ID Number [REDACTED]		11. Date of Birth <b>05/31/1998</b>	
13. Drivers License/State ID State of Issuance <b>Wisconsin</b>			

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin <b>(MM/YYYY) 1999</b>			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <b>2532 34th St.</b>		City <b>Two Rivers</b>	State <b>WI</b>
Previous Address 2 <b>1325 S 9th St.</b>		City <b>Manitowoc</b>	State <b>WI</b>
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 <b>WI</b>	County <b>Manitowoc</b>	State	County	State	County	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.

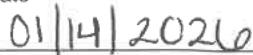
**Part E: Attestation**

**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



**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
- 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)

Two Rivers Main Street

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

Meissner

2. First Name

Nicholas

3. M.I.

A

4. Relationship to Business (Title)

Treasurer

5. Email

nmeissner94@gmail.com

6. Phone

(920)973-6316

7. Home Address

719 Lowell St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

6/21/1994

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

**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  
31

Months  
7

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

Previous Address 1

719 Lowell St

City

Two Rivers

State

Zip Code  
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 WI	County Manitowoc	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued

94

**Part D: Criminal History**

Section 9, ItemD.

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

*Nicholas Meissner*

Date

1/18/26

## Temporary Alcohol Beverage License

Municipality

Section 9, ItemD.

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

Two Rivers Main Street

2. Organization Permanent Address

1608 Washington Street

3. City

Two Rivers

4. State

WI

5. Zip Code

54241

6. Mailing Address (if different from permanent address)

PO Box 417

7. FEIN

39-1884042

8. Date of Organization/Incorporation

1996

9. State of Organization/Incorporation

WI

10. Phone

(920) 794-1482

11. Email

director@tworiversmainstreet.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
Pigeon	Kristine	Board Chair	(920) 973-0074
Stevens	Travis	Vice Chair	(920) 973-1681
Kumbalek	Devin	Secretary	(920) 482-3732
Meisner	Nick	Treasurer	(920) 482-3712

Continued →

**Part C: Event Information**

1. Name of Event (if applicable)

Ethnic Fest

2. Dates of Operation

September 19

3. Hours of Operation

9 am - 6 pm

4. Premises Address

1700 Washington St

5. City

Two Rivers

6. State

WI

7. Zip Code

54241

8. County

Manitowoc

9. Governing Municipality

 City Town Village

10. Aldermanic District

of:

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

Two Rivers Main Street

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

director@tworiversmainstreet.com

13. Organizer Website

www.tworiversmainstreet.com

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.

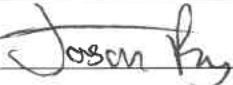
Central Park Pavilion/Community House

**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 Ring	First Name Jason	M.I. P
Title Director	Email Director@tworiversmainstreet.com	Phone (920) 794-1482
Signature 	Date 1/20/2024	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk

1/20/2020

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk

# Alcohol Beverage Appointment of Agent

**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 Main Street

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

Ring

2. First Name

Jason

3. M.I.

P

4. Email

director@tworiversmainstreet.com

5. Phone

920-794-1482

6. Home Address

1608 Washington Street

7. City

Two Rivers

8. State

WI

9. Zip Code

54241

10. Date of Birth

08/16/1977

11. Drivers License/State ID Number

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.

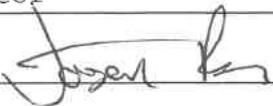
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? .....  Yes  No

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 Ring	First Name Jason	M.I. P
Title Director	Email director@tworiversmainstreet.com	Phone 720-90-9743
Signature 	Date 01/13/26	

**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 Ring	First Name Jason	M.I. P
Signature 	Date 01/13/26	



# Certificate

## RESPONSIBLE BEVERAGE SERVER

*awarded to*

**Jason Ring**

*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. Stats.*

---

www.Wisconsin-Bartending.com

*Training Provider*

---

07/31/2024

*Training Date*

**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
- 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)

Two Rivers Main Street

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

Ring

2. First Name

Jason

3. M.I.

P

4. Relationship to Business (Title)

Director

5. Email

director@tworiversmainstreet.com

6. Phone

(920) 794-1482

7. Home Address

615 Buchholz Street

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

08/16/77

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)  
08/1977

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

615 Buchholz 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

County

State

County

WI LaCrosse WI Dunn WI Milwaukee WI Brown

State

County

State

County

State

County

State

County

WI Trempealeau WI Manitowoc

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.

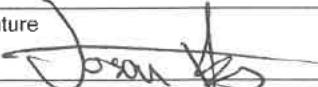
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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
	1/20/2024

**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
- 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)

Two Rivers Main Street

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

Pigeon

2. First Name

Kristine

3. M.I.

T

4. Relationship to Business (Title)

President

5. Email

Kristine.pigeon@yahoo.com

6. Phone

920-973-0074

7. Home Address

3246 S County Rd P

8. City

Denmark

9. State

WI

10. Zip Code

54208

11. Date of Birth

5-25-75

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

5-25-75

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	manitowoc						

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
	1-14-26

**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
- 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) Two Rivers Main Street					
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 <u>Stevens</u>		2. First Name <u>Travis</u>			3. M.I. <u>M</u>
4. Relationship to Business (Title)		5. Email <u>trstevens53@gmail.com</u>			6. Phone <u>920-973-1681</u>
7. Home Address <u>818 Buchholz St</u>					
8. City <u>Two Rivers</u>		9. State <u>WI</u>	10. Zip Code <u>54241</u>		11. Date of Birth <u>06/06/1984</u>
12. Drivers License/State ID Number <u>[REDACTED]</u>			13. Drivers License/State ID State of Issuance <u>WI</u>		

<b>Part C: Address History</b>					
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the month and year when you permanently moved to Wisconsin <u>(MM/YYYY)</u>					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <u>818 Buchholz St</u>		City <u>Two Rivers</u>		State <u>WI</u>	Zip Code <u>54241</u>
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 <u>WI</u>	County <u>Manitowoc</u>	State	County	State	County	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

01/14/2026

**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
- 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)

Two Rivers Main Street

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

Kumbalek

2. First Name

Devin

3. M.I.

M

4. Relationship to Business (Title)

5. Email

Kumbalek.d@shorelinecu.org

6. Phone

(920) 242-8365

7. Home Address

1923 Lincoln St.

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

05/31/1998

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No

If yes, provide the month and year when you permanently moved to Wisconsin  (MM/YYYY) **1999**

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

Previous Address 1

2532 34th St.

City

Two Rivers

State

WI

Zip Code

54241

Previous Address 2

1325 S 9th St.

City

Manitowoc

State

WI

Zip Code

54220

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

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
	01/14/2020

**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
- 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)

*Two Rivers Main Street*

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

Meissner

2. First Name

Nicholas

3. M.I.

A

4. Relationship to Business (Title)

Treasurer

5. Email

nmeissner94@gmail.com

6. Phone

(920)973-6316

7. Home Address

719 Lowell St

8. City

Two Rivers

9. State

WI

10. Zip Code

54241

11. Date of Birth

6/21/1994

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

**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  
31  
Months  
7

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

Previous Address 1

719 Lowell St

City

Two Rivers

State

WI

Zip Code

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

Continue

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**Part D: Criminal History**

Section 9, Item D.

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

*Nicholas Meissner*

Date

1/18/26



# TWO RIVERS

WISCONSIN

**CITY CL**

Section 9, ItemD.

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 Main Street  
Organization

Jason Rinv  
Signature

JASON RINV  
Printed Name

2/11/2024  
Date

Form

AB-220

## Temporary Alcohol Beverage License

Municipality

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	\$ 15.00

## 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@ymail.com			
12. Organization type (check one)				
<input checked="" type="checkbox"/> Bona Fide Club <input 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)				

## 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 →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Price is Right Game Show Event			
2. Dates of Operation 2/28/26		3. Hours of Operation 6	
4. Premises Address 1710 W Park St			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County Manitowoc	9. Governing Municipality of: Two Rivers	<input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	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@ymail.com	
13. Organizer Website www.beachbashtr.com		14. Event Website www.beachbashtr.com	
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. GYM			

<b>Part D: Attestation</b>			
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@ymail.com	Phone (920) 571-7466
Signature 		Date 02/10/26	

<b>Part E: For Clerk Use Only</b>		
Date Application Was Filed With Clerk		License Number
Date License Granted		Date License Issued
Signature of Clerk/Deputy Clerk		

Form  
**AB-101****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 Youth Sports

## 2. Business Trade Name or DBA

Two Rivers Youth Sports

## 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

Wachowski

## 2. First Name

Adam

## 3. M.I.

## 4. Email

baseballone@ymail.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

**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* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? .....  Yes  No3. 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 Wachowski	First Name Adam	M.I.
Title President	Email baseballone@ymail.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	

Form  
**AB-100****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. 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 (check one)

Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

**Part B: Individual Information**

1. Last Name Wachowski	2. First Name Adam	3. M.I.
4. Relationship to Business (Title) President	5. Email baseballone@ymail.com	6. Phone (920) 571-7466
7. Home Address 4120 Clover st		
8. City Two Rivers	9. State WI	10. Zip Code 54241
12. Drivers License/State ID Number [REDACTED]	13. Drivers License/State ID State of Issuance WI	

**Part C: Address History**1. Do you currently live in Wisconsin? . . . . .  Yes  NoIf yes, provide the month and year when you permanently moved to Wisconsin . . . . .  
(MM/YYYY)  
01/1985

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 WI	County manitowoc	State	County	State	County	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
		02/10/2026

Form  
**AB-100****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. 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 (check one)

Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

**Part B: Individual Information**

1. Last Name

Wachowski

2. First Name

Cory

3. M.I.

4. Relationship to Business (Title)

Vice President

5. Email

cory@scottsvending.net

6. Phone

(920) 901-3866

7. Home Address

937 Chrysler Dr

8. City

Mishicot

9. State

WI

10. Zip Code

54228

11. Date of Birth

09/09/80

12. Drivers License/State ID Number

[REDACTED]

13. Drivers License/State ID State of Issuance

WI

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

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

01/1980

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 WI	County manitowoc	State	County	State	County	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 02/10/2026
---	-----------------

**Form  
AB-100**

## **Alcohol Beverage Individual Questionnaire**

Date

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) Two Rivers Youth Sports 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

**Part B: Individual Information**

1. Last Name Schweke	2. First Name Jeffrey	3. M.I. R
4. Relationship to Business (Title) Treasurer	5. Email jschweke10@alumni.uwosh.edu	6. Phone (920) 973-8291
7. Home Address 952 Rosemere Circle		
8. City Manitowoc	9. State WI	10. Zip Code 54220
12. Drivers License/State ID Number [REDACTED]	13. Drivers License/State ID State of Issuance WI	

### 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? . . . . .							Years 10	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	
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 WI	County Manitowoc	State WI	County	State	County	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.

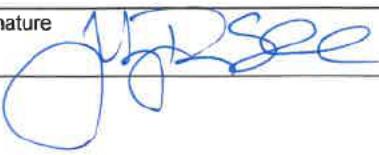
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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
	02/10/2026

Date  
02/09/2026Form  
**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
- 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) Two Rivers Youth Sports					
2. Business Trade Name or DBA Two Rivers Youth Sports					
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 Shillcox		2. First Name Kirk			3. M.I. S
4. Relationship to Business (Title) Board Member		5. Email Kshillcox@charter.net			6. Phone 9202426227
7. Home Address 8136 WIS-147					
8. City Two Rivers		9. State WI	10. Zip Code 54241	11. Date of Birth 02/22/1968	
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance 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? . . . . . <table border="1" style="float: right; margin-right: 10px;"> <tr> <td>Years 37</td> <td>Months</td> </tr> </table>								Years 37	Months
Years 37	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		
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 checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed?..... <input type="checkbox"/> Yes <input checked="" 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	Kirk S. Shillcox	Date
-----------	------------------	------

7-10-26



# 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 : 5/16/2024

Expiration Date : 5/16/2026

Certificate Number : 156560

Provider : EduClasses.org



Form  
**AB-200****Alcohol Beverage License  
Application**

For Municipal Use Only	
Municipality	City of Two Rivers
License Period	2/3/26 - 6/30/26

License(s) Requested: (up to two boxes may be checked)

<input type="checkbox"/> Class "A" Beer .....	\$ 50.00	<input checked="" type="checkbox"/> Class "B" Beer .....	\$ 100.00
<input type="checkbox"/> "Class A" Liquor .....	\$ 500.00	<input checked="" type="checkbox"/> "Class B" Liquor .....	\$ 275.00
<input type="checkbox"/> "Class A" Liquor (cider only)	\$ 0.00	<input type="checkbox"/> Reserve "Class B" Liquor	\$ _____
<input type="checkbox"/> "Class C" Liquor (wine only)	\$ 100.00		

Fees	
License Fees	\$ 1166.66
Background Check Fee	\$ 200.35
Publication Fee	\$ 20.00
Total Fees	\$ 1211.66

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship)

Chivolin Two Rivers LLC

2. Business Trade Name or DBA

Casa Chivolin

3. FEIN

41-2363086

4. Wisconsin Seller's Permit Number

456-1032192878-02

5. Entity Type (check one)

Sole Proprietor    Partnership    Limited Liability Company    Corporation    Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

10/2/25

8. Wisconsin DFI Registration Number

9. Premises Address

814B 22nd st two rivers

10. City

Two Rivers

11. State

WI

12. Zip Code

54241

13. County

Manitowoc

14. Governing Municipality:  City Town Village

of: Two Rivers

15. Aldermanic District

N/A

16. Premises Phone

(414) 841 6675

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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.

Alcohol will be kept in a Refrigerator Behind the Cashier desk. we will offer micheladus to the 4 tables in house.

20. Mailing Address (if different from premises address)

814 22nd street

21. City

two Rivers

22. State

WI

23. Zip Code

54241

**Part B: Questions**1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.  Yes  No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? .... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? .... <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . .  Yes  No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . .  Yes  No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity **Chavolin two Rivers LLC** 4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

#### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Alvarcz	Luis	Owner	414 841 6675

#### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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>Alvarcz</b>	First Name <b>Luis</b>	M.I. 
Title <b>Owner</b>	Email <b>Jr.luisalv14@hotmail.com</b>	Phone <b>414 841-6675</b>
Signature 	Date 	

#### 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		Date Provisional License Issued (if applicable)	

Form  
**AB-101****Alcohol Beverage  
Appointment of Agent**Date  
*10/2/05***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)

*Chivolin Two Rivers LLC.*

2. Business Trade Name or DBA

*Casa chivolin*

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

*Alvarez*

2. First Name

*Luis*

3. M.I.

4. Email

*Jr.luisalv14@hotmail.com*

5. Phone

*414 841-6675*

6. Home Address

*1543 S 58th Street*

7. City

*Milwaukee*

8. State

*WI*

9. Zip Code

*53214*

10. Age

*30*

11. Drivers License/State ID Number

*[REDACTED]*

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.

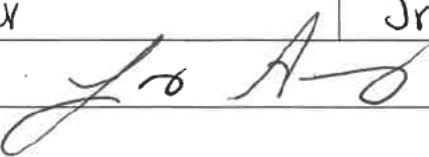
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? .....  Yes  No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes  No  
See instructions for exceptions.

Continued →

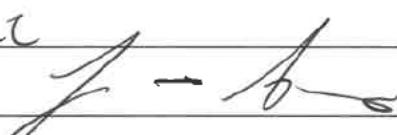
**Part D: Business Attestation**

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 A Navarz	First Name Luis	M.I.
Title Owner	Email Jr.luisalu14@hotmail.com	Phone 414 846-6675
Signature 	Date 10/2/25	

**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 A Navarz	First Name Luis	M.I.
Signature 	Date 10/2/25	

Form  
**AB-100****Alcohol Beverage  
Individual Questionnaire**Date  
10/2/05

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)

Chivolin TWO Rivers LLC

2. Business Trade Name or DBA

Casa Chivolin

3. Entity Type (check one)

Sole Proprietor

Partnership

Limited Liability Company

Corporation

Nonprofit Organization

**Part B: Individual Information**

1. Last Name

Alvarez

2. First Name

Luis

3. M.I.

4. Relationship to Business (Title)

Owner

5. Email

Jr.luisalv14@hotmail.com

6. Phone

414 841-6675

7. Home Address

1543 S 58th Street

8. City

Milwaukee

9. State

WI

10. Zip Code

53214

11. Date of Birth

12/20/1994

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

10

Months

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

Previous Address 1

11034 S 13th Street

City

Milwaukee

State

WI

Zip Code

53215

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	Milwaukee						
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

10/2/25



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

000115

Letter ID L0003088816

CHIVOLIN TWO RIVERS LLC  
1563 S 58TH STREET  
MILWAUKEE WI 53214

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** CHIVOLIN TWO RIVERS LLC

**Business name:** CHIVOLIN TWO RIVERS LLC  
816 22nd St  
Two Rivers WI 54241-2723

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-1032192878-02



*City of Two Rivers*

*2026 Capital Borrowing Projects*

**Replace 1994 Pumper Truck \$850,000**

**Why:** Critical because Engine 8 has exceeded its service life by 15 years under NFPA standards, and failure to replace it would create serious life safety, operational, and reliability risks for both firefighters and the public. This preserves the TRFD's long-standing standard of operating two engines and a ladder truck, ensures a reliable reserve engine for the next 14 years, and represents a prudent 30-year investment in fire protection and life safety.

**Firefighter Turnout Gear, 3 sets \$10,000**

**Why:** Supports the department's ongoing practice of replacing at least two sets of gear each year that no longer meet NFPA standards for frontline use, helping ensure firefighter safety and compliance.

**City Hall Parking Deck Repairs \$70,000**

**Why:** To replace the existing failing concrete parking deck pavement along with attempting to further weatherproof beneath the new pavement to minimize further deterioration of the precast structural members that create the parking garage beneath the parking deck

**Kozlowski Parking Lot Bike Trail \$22,000**

**Why:** The Kowalski Parking Lot Bike Trail completes the last segment of the East River Street multi use trail that has been in the works for the past 5-years +/-.

**Police squad cameras, 2 sets \$30,000**

**Why:** Upgrading the police squad camera systems is important for Two Rivers because modern cameras provide clearer, more reliable video that protects both residents and officers by creating an objective record of interactions.

**Neshotah Building upgrades \$255,318 (~\$131k funded by property taxes)**

**Why:** These upgrades ensure the long-term operation of heavily used beach restrooms and allow the City to meet peak demand. (\$125k is paid back by the RTC over 5 years. The \$125,000 RTC contribution exceeds the estimated cost for the picnic shelter improvements at \$105,000. Without RTC support, even with eliminating the picnic shelter improvements, the project would cost more to taxpayers.)

**Lawn mower/gator replacements \$68,000**

**Why:** Proactively replacing aging equipment reduces maintenance and repair costs while minimizing downtime for park operations. Taking advantage of strong trade-in values allows the City to stretch capital dollars and maintain service reliability.

**Riverside Park renovations \$179,000**

**Why:** Riverside Park is currently underutilized due to closed restrooms, poor conditions, and safety concerns that discourage visitation. Planned improvements will restore basic infrastructure, improve lighting and visibility, enhance security, and introduce new amenities that make the park welcoming and usable again.

**Community House Gym Room Gutters \$5,500**

**Why:** The failing gutter system causes water backups during heavy rain, leading to leaks inside the gymnasium. This repair prevents further interior damage and protects a heavily used community facility.

**Playground Repairs \$10,000**

**Why:** Routine playground maintenance, including mulch replacement and equipment repairs, is critical to maintaining safe play environments for children. Addressing vandalism and wear proactively reduces long-term replacement costs and liability risk.

**Resurfacing 18th and 19th from Jackson to Emmett ...then Emmett from 17th to 22nd \$452,800**

**Why:** Necessary to address deteriorating pavement before conditions worsen and repairs become significantly more expensive. This work preserves critical neighborhood routes, improves safety for drivers and pedestrians, and extends the life of the streets as part of the City's long-term infrastructure maintenance strategy.

**Two crosswalks / Concrete Repairs \$105,000**

**Why:** Investing in concrete pavement repairs and crosswalk replacements is important because it addresses trip hazards and deteriorating surfaces that affect safety, accessibility, and daily travel for residents. Making these improvements now extends the life of existing infrastructure, improves visibility at crossings, and helps the City avoid more costly full replacements in the future.

**Sidewalk Replacements \$60,000**

**Why:** Yearly sidewalk investment keeps walking routes safe and accessible, address hazards before they worsen, and spread costs over time rather than allowing widespread failures that are far more expensive to fix at once.

**Grading / Gravel Sandy Bay Highlands \$25,000**

**Why:** Stabilizes the roadway surface, improves drainage, and ensures safe, reliable access while preparing the area for continued use and future development.

**Four bridge inspections \$20,000**

**Why:** Critical to ensure public safety, identify structural issues early, and keep the City in compliance with state and federal requirements so costly emergency repairs or closures can be avoided.

**2023 ToolCat Lease buy out \$21,000**

**Why:** Buying out the 2023 ToolCat lease allows the City to secure long-term use of essential equipment at a lower overall cost, avoid continued lease payments, and maintain reliable operations for public works and facility maintenance.

**DPW Auto scanner + battery tester \$15,200**

**Why:** Allows staff to diagnose vehicle issues in-house, reduce downtime, and avoid higher repair costs by identifying problems early.

**Public Works shop building repairs \$15,000**

**Why:** Minor building repairs are needed to keep the existing Public Works shop operational for the next few years, addressing wear and safety issues while avoiding the significantly higher cost of premature replacement or relocation.

\*Total 2026 capital borrowing also includes an additional \$350,000 that is separate from the General Obligation Debt Service Fund and will be paid by the Two Rivers Electric Utility. This \$350k is for a new Versalift two-person bucket truck with a 60-foot working reach. This vehicle will support safe and efficient electric utility operations and is expected to remain in service for 12–15 years. Replacing the aging fleet ensures reliability, safety, and continuity of service for critical electric infrastructure work.

## RESOLUTION NO. 26-026

**RESOLUTION AUTHORIZING THE ISSUANCE AND  
ESTABLISHING PARAMETERS FOR THE SALE OF NOT TO  
EXCEED \$2,565,000 GENERAL OBLIGATION PROMISSORY NOTES**

WHEREAS, the City Council hereby finds and determines that it is necessary, desirable and in the best interest of the City of Two Rivers, Manitowoc County, Wisconsin (the "City") to raise funds for public purposes, including paying the cost of bike trail improvements, street improvement projects, bridge improvements, parks and recreation projects, fire department equipment, public works equipment, city hall improvements, police department equipment and a bucket truck (the "Project");

WHEREAS, the City Council hereby finds and determines that the Project is within the City's power to undertake and therefore serves a "public purpose" as that term is defined in Section 67.04(1)(b), Wisconsin Statutes;

WHEREAS, the City is authorized by the provisions of Section 67.12(12), Wisconsin Statutes, to borrow money and issue general obligation promissory notes for such public purposes;

WHEREAS, it is the finding of the City Council that it is necessary, desirable and in the best interest of the City to authorize the issuance of and to sell the general obligation promissory notes (the "Notes") to Robert W. Baird & Co. Incorporated (the "Purchaser");

WHEREAS, the Purchaser intends to submit a note purchase agreement to the City (the "Proposal") offering to purchase the Notes in accordance with the terms and conditions to be set forth in the Proposal; and

WHEREAS, in order to facilitate the sale of the Notes to the Purchaser in a timely manner, the City Council hereby finds and determines that it is necessary, desirable and in the best interest of the City to delegate to either the Finance/Administrative Services Director/Treasurer or the City Manager (each an "Authorized Officer") the authority to accept the Proposal on behalf of the City so long as the Proposal meets the terms and conditions set forth in this Resolution by executing a certificate in substantially the form attached hereto as Exhibit A and incorporated herein by reference (the "Approving Certificate").

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City that:

**Section 1. Authorization and Sale of the Notes; Parameters.** For the purpose of paying costs of the Project, there shall be borrowed pursuant to Section 67.12(12), Wisconsin Statutes, the principal sum of not to exceed TWO MILLION FIVE HUNDRED SIXTY-FIVE THOUSAND DOLLARS (\$2,565,000) from the Purchaser upon the terms and subject to the conditions set forth in this Resolution. Subject to satisfaction of the conditions set forth in Section 16 of this Resolution, the City Manager and City Clerk are hereby authorized, empowered and directed to make, execute, issue and sell to the Purchaser for, on behalf of and in the name of the City, Notes aggregating the principal amount of not to exceed TWO MILLION

FIVE HUNDRED SIXTY-FIVE THOUSAND DOLLARS (\$2,565,000). The purchase price to be paid to the City for the Notes shall not be less than 95.75% of the principal amount of the Notes and the difference between the initial public offering price of the Notes and the purchase price to be paid to the City by the Purchaser shall not exceed 4.25% of the principal amount of the Notes, with an amount not to exceed 1.50% of the principal amount of the Notes representing the Purchaser's compensation.

Section 2. Terms of the Notes. The Notes shall be designated "General Obligation Promissory Notes"; shall be issued in the aggregate principal amount of up to \$2,565,000; shall be dated as of their date of issuance; shall be in the denomination of \$5,000 or any integral multiple thereof; shall be numbered R-1 and upward; and mature or be subject to mandatory redemption on the dates and in the principal amounts set forth below, provided that the principal amount of each maturity or mandatory redemption amount may be increased or decreased by up to \$250,000 per maturity or mandatory redemption amount and that the aggregate principal amount of the Notes shall not exceed \$2,565,000. Any maturity or mandatory redemption payment may be eliminated, at the option of the City, if the amount of such maturity or mandatory redemption payment is less than or equal to \$250,000. The schedule below assumes the Notes are issued in the aggregate principal amount of \$2,565,000.

<u>Date</u>	<u>Principal Amount</u>
04-01-2027	\$130,000
04-01-2028	95,000
04-01-2029	245,000
04-01-2030	260,000
04-01-2031	270,000
04-01-2032	285,000
04-01-2033	300,000
04-01-2034	315,000
04-01-2035	325,000
04-01-2036	340,000

Interest shall be payable semi-annually on April 1 and October 1 of each year commencing on April 1, 2027 or on such other date approved by the Authorized Officer in the Approving Certificate. The true interest cost on the Notes (computed taking the Purchaser's compensation into account) shall not exceed 4.50%. Interest shall be computed upon the basis of a 360-day year of twelve 30-day months and will be rounded pursuant to the rules of the Municipal Securities Rulemaking Board.

Section 3. Redemption Provisions. The Notes shall be subject to optional redemption as set forth on the Approving Certificate. If the Proposal specifies that certain of the Notes shall be subject to mandatory redemption, the terms of such mandatory redemption shall be set forth on an attachment to the Approving Certificate labeled as Schedule MRP. Upon the optional redemption of any of the Notes subject to mandatory redemption, the principal amount of such Notes so redeemed shall be credited against the mandatory redemption payments established in the Approving Certificate in such manner as the City shall direct.

Section 4. Form of the Notes. The Notes shall be issued in registered form and shall be executed and delivered in substantially the form attached hereto as Exhibit B and incorporated herein by this reference.

Section 5. Tax Provisions.

(A) Direct Annual Irrepealable Tax Levy. For the purpose of paying the principal of and interest on the Notes as the same becomes due, the full faith, credit and resources of the City are hereby irrevocably pledged, and there is hereby levied upon all of the taxable property of the City a direct annual irrepealable tax in the years 2026 through 2035 for the payments due in the years 2027 through 2036 in the amounts as are sufficient to meet the principal and interest payments when due.

(B) Tax Collection. So long as any part of the principal of or interest on the Notes remains unpaid, the City shall be and continue without power to repeal such levy or obstruct the collection of said tax until all such payments have been made or provided for. After the issuance of the Notes, said tax shall be, from year to year, carried onto the tax roll of the City and collected in addition to all other taxes and in the same manner and at the same time as other taxes of the City for said years are collected, except that the amount of tax carried onto the tax roll may be reduced in any year by the amount of any surplus money in the Debt Service Fund Account created below.

(C) Additional Funds. If at any time there shall be on hand insufficient funds from the aforesaid tax levy to meet principal and/or interest payments on said Notes when due, the requisite amounts shall be paid from other funds of the City then available, which sums shall be replaced upon the collection of the taxes herein levied.

Section 6. Segregated Debt Service Fund Account.

(A) Creation and Deposits. There shall be and there hereby is established in the treasury of the City, if one has not already been created, a debt service fund, separate and distinct from every other fund, which shall be maintained in accordance with generally accepted accounting principles. Debt service or sinking funds established for obligations previously issued by the City may be considered as separate and distinct accounts within the debt service fund.

Within the debt service fund, there hereby is established a separate and distinct account designated as the "Debt Service Fund Account for General Obligation Promissory Notes - 2026" (the "Debt Service Fund Account") and such account shall be maintained until the indebtedness evidenced by the Notes is fully paid or otherwise extinguished. There shall be deposited into the Debt Service Fund Account (i) all accrued interest received by the City at the time of delivery of and payment for the Notes; (ii) any premium which may be received by the City above the par value of the Notes and accrued interest thereon; (iii) all money raised by the taxes herein levied and any amounts appropriated for the specific purpose of meeting principal of and interest on the Notes when due; (iv) such other sums as may be necessary at any time to pay principal of and interest on the Notes when due; (v) surplus monies in the Borrowed Money Fund as specified below; and (vi) such further deposits as may be required by Section 67.11, Wisconsin Statutes.

**(B) Use and Investment.** No money shall be withdrawn from the Debt Service Fund Account and appropriated for any purpose other than the payment of principal of and interest on the Notes until all such principal and interest has been paid in full and the Notes canceled; provided (i) the funds to provide for each payment of principal of and interest on the Notes prior to the scheduled receipt of taxes from the next succeeding tax collection may be invested in direct obligations of the United States of America maturing in time to make such payments when they are due or in other investments permitted by law; and (ii) any funds over and above the amount of such principal and interest payments on the Notes may be used to reduce the next succeeding tax levy, or may, at the option of the City, be invested by purchasing the Notes as permitted by and subject to Section 67.11(2)(a), Wisconsin Statutes, or in permitted municipal investments under the pertinent provisions of the Wisconsin Statutes ("Permitted Investments"), which investments shall continue to be a part of the Debt Service Fund Account. Any investment of the Debt Service Fund Account shall at all times conform with the provisions of the Internal Revenue Code of 1986, as amended (the "Code") and any applicable Treasury Regulations (the "Regulations").

**(C) Remaining Monies.** When all of the Notes have been paid in full and canceled, and all Permitted Investments disposed of, any money remaining in the Debt Service Fund Account shall be transferred and deposited in the general fund of the City, unless the City Council directs otherwise.

**Section 7. Proceeds of the Notes; Segregated Borrowed Money Fund.** The proceeds of the Notes (the "Note Proceeds") (other than any premium and accrued interest which must be paid at the time of the delivery of the Notes into the Debt Service Fund Account created above) shall be deposited into a special fund (the "Borrowed Money Fund") separate and distinct from all other funds of the City and disbursed solely for the purpose or purposes for which borrowed. Monies in the Borrowed Money Fund may be temporarily invested in Permitted Investments. Any monies, including any income from Permitted Investments, remaining in the Borrowed Money Fund after the purpose or purposes for which the Notes have been issued have been accomplished, and, at any time, any monies as are not needed and which obviously thereafter cannot be needed for such purpose(s) shall be deposited in the Debt Service Fund Account.

**Section 8. No Arbitrage.** All investments made pursuant to this Resolution shall be Permitted Investments, but no such investment shall be made in such a manner as would cause the Notes to be "arbitrage bonds" within the meaning of Section 148 of the Code or the Regulations and an officer of the City, charged with the responsibility for issuing the Notes, shall certify as to facts, estimates, circumstances and reasonable expectations in existence on the date of delivery of the Notes to the Purchaser which will permit the conclusion that the Notes are not "arbitrage bonds," within the meaning of the Code or Regulations.

**Section 9. Compliance with Federal Tax Laws.** (a) The City represents and covenants that the projects financed by the Notes and the ownership, management and use of the projects will not cause the Notes to be "private activity bonds" within the meaning of Section 141 of the Code. The City further covenants that it shall comply with the provisions of the Code to the extent necessary to maintain the tax-exempt status of the interest on the Notes including, if applicable, the rebate requirements of Section 148(f) of the Code. The City further covenants

that it will not take any action, omit to take any action or permit the taking or omission of any action within its control (including, without limitation, making or permitting any use of the proceeds of the Notes) if taking, permitting or omitting to take such action would cause any of the Notes to be an arbitrage bond or a private activity bond within the meaning of the Code or would otherwise cause interest on the Notes to be included in the gross income of the recipients thereof for federal income tax purposes. The City Clerk or other officer of the City charged with the responsibility of issuing the Notes shall provide an appropriate certificate of the City certifying that the City can and covenanting that it will comply with the provisions of the Code and Regulations.

(b) The City also covenants to use its best efforts to meet the requirements and restrictions of any different or additional federal legislation which may be made applicable to the Notes provided that in meeting such requirements the City will do so only to the extent consistent with the proceedings authorizing the Notes and the laws of the State of Wisconsin and to the extent that there is a reasonable period of time in which to comply.

**Section 10. Designation as Qualified Tax-Exempt Obligations.** The Notes are hereby designated as "qualified tax-exempt obligations" for purposes of Section 265 of the Code, relating to the ability of financial institutions to deduct from income for federal income tax purposes, interest expense that is allocable to carrying and acquiring tax-exempt obligations.

**Section 11. Execution of the Notes; Closing; Professional Services.** The Notes shall be issued in printed form, executed on behalf of the City by the manual or facsimile signatures of the City Manager and City Clerk, authenticated, if required, by the Fiscal Agent (defined below), sealed with its official or corporate seal, if any, or a facsimile thereof, and delivered to the Purchaser upon payment to the City of the purchase price thereof, plus accrued interest to the date of delivery (the "Closing"). The facsimile signature of either of the officers executing the Notes may be imprinted on the Notes in lieu of the manual signature of the officer but, unless the City has contracted with a fiscal agent to authenticate the Notes, at least one of the signatures appearing on each Note shall be a manual signature. In the event that either of the officers whose signatures appear on the Notes shall cease to be such officers before the Closing, such signatures shall, nevertheless, be valid and sufficient for all purposes to the same extent as if they had remained in office until the Closing. The aforesaid officers are hereby authorized and directed to do all acts and execute and deliver the Notes and all such documents, certificates and acknowledgements as may be necessary and convenient to effectuate the Closing. The City hereby authorizes the officers and agents of the City to enter into, on its behalf, agreements and contracts in conjunction with the Notes, including but not limited to agreements and contracts for legal, trust, fiscal agency, disclosure and continuing disclosure, and rebate calculation services. Any such contract heretofore entered into in conjunction with the issuance of the Notes is hereby ratified and approved in all respects.

**Section 12. Payment of the Notes; Fiscal Agent.** The principal of and interest on the Notes shall be paid by Associated Trust Company, National Association, which is hereby appointed as the City's registrar and fiscal agent pursuant to the provisions of Section 67.10(2), Wisconsin Statutes (the "Fiscal Agent"). The City hereby authorizes the City Manager and City Clerk or other appropriate officers of the City to enter into a Fiscal Agency Agreement between the City and the Fiscal Agent. Such contract may provide, among other things, for the

performance by the Fiscal Agent of the functions listed in Wis. Stats. Sec. 67.10(2)(a) to (j), where applicable, with respect to the Notes.

**Section 13. Persons Treated as Owners; Transfer of Notes.** The City shall cause books for the registration and for the transfer of the Notes to be kept by the Fiscal Agent. The person in whose name any Note shall be registered shall be deemed and regarded as the absolute owner thereof for all purposes and payment of either principal or interest on any Note shall be made only to the registered owner thereof. All such payments shall be valid and effectual to satisfy and discharge the liability upon such Note to the extent of the sum or sums so paid.

Any Note may be transferred by the registered owner thereof by surrender of the Note at the office of the Fiscal Agent, duly endorsed for the transfer or accompanied by an assignment duly executed by the registered owner or his attorney duly authorized in writing. Upon such transfer, the City Manager and City Clerk shall execute and deliver in the name of the transferee or transferees a new Note or Notes of a like aggregate principal amount, series and maturity and the Fiscal Agent shall record the name of each transferee in the registration book. No registration shall be made to bearer. The Fiscal Agent shall cancel any Note surrendered for transfer.

The City shall cooperate in any such transfer, and the City Manager and City Clerk are authorized to execute any new Note or Notes necessary to effect any such transfer.

**Section 14. Record Date.** The 15th day of the calendar month next preceding each interest payment date shall be the record date for the Notes (the "Record Date"). Payment of interest on the Notes on any interest payment date shall be made to the registered owners of the Notes as they appear on the registration book of the City at the close of business on the Record Date.

**Section 15. Utilization of The Depository Trust Company Book-Entry-Only System.** In order to make the Notes eligible for the services provided by The Depository Trust Company, New York, New York ("DTC"), the City agrees to the applicable provisions set forth in the Blanket Issuer Letter of Representations, which the City Clerk or other authorized representative of the City is authorized and directed to execute and deliver to DTC on behalf of the City to the extent an effective Blanket Issuer Letter of Representations is not presently on file in the City Clerk's office.

**Section 16. Condition on Issuance and Sale of the Notes.** The issuance of the Notes and the sale of the Notes to the Purchaser are subject to approval by the Authorized Officer of the principal amount, definitive maturities, redemption provisions, interest rates and purchase price for the Notes, which approval shall be evidenced by execution by the Authorized Officer of the Approving Certificate.

The Notes shall not be issued, sold or delivered until this condition is satisfied. Upon satisfaction of this condition, the Authorized Officer is authorized to execute a Proposal with the Purchaser providing for the sale of the Notes to the Purchaser.

**Section 17. Official Statement.** The City Council hereby directs the Authorized Officer to approve the Preliminary Official Statement with respect to the Notes and deem the Preliminary Official Statement as "final" as of its date for purposes of SEC Rule 15c2-12 promulgated by the Securities and Exchange Commission pursuant to the Securities and Exchange Act of 1934 (the "Rule"). All actions taken by the Authorized Officer or other officers of the City in connection with the preparation of such Preliminary Official Statement and any addenda to it or final Official Statement are hereby ratified and approved. In connection with the Closing, the appropriate City official shall certify the Preliminary Official Statement and any addenda or final Official Statement. The City Clerk shall cause copies of the Preliminary Official Statement and any addenda or final Official Statement to be distributed to the Purchaser.

**Section 18. Undertaking to Provide Continuing Disclosure.** The City hereby covenants and agrees, for the benefit of the owners of the Notes, to enter into a written undertaking (the "Undertaking") if required by the Rule to provide continuing disclosure of certain financial information and operating data and timely notices of the occurrence of certain events in accordance with the Rule. The Undertaking shall be enforceable by the owners of the Notes or by the Purchaser on behalf of such owners (provided that the rights of the owners and the Purchaser to enforce the Undertaking shall be limited to a right to obtain specific performance of the obligations thereunder and any failure by the City to comply with the provisions of the Undertaking shall not be an event of default with respect to the Notes).

To the extent required under the Rule, the City Manager and City Clerk, or other officer of the City charged with the responsibility for issuing the Notes, shall provide a Continuing Disclosure Certificate for inclusion in the transcript of proceedings, setting forth the details and terms of the City's Undertaking.

**Section 19. Record Book.** The City Clerk shall provide and keep the transcript of proceedings as a separate record book (the "Record Book") and shall record a full and correct statement of every step or proceeding had or taken in the course of authorizing and issuing the Notes in the Record Book.

**Section 20. Bond Insurance.** If the Purchaser determines to obtain municipal bond insurance with respect to the Notes, the officers of the City are authorized to take all actions necessary to obtain such municipal bond insurance. The City Manager and City Clerk are authorized to agree to such additional provisions as the bond insurer may reasonably request and which are acceptable to the City Manager and City Clerk including provisions regarding restrictions on investment of Note proceeds, the payment procedure under the municipal bond insurance policy, the rights of the bond insurer in the event of default and payment of the Notes by the bond insurer and notices to be given to the bond insurer. In addition, any reference required by the bond insurer to the municipal bond insurance policy shall be made in the form of Note provided herein.

**Section 21. Conflicting Resolutions; Severability; Effective Date.** All prior resolutions, rules or other actions of the City Council or any parts thereof in conflict with the provisions hereof shall be, and the same are, hereby rescinded insofar as the same may so conflict. In the event that any one or more provisions hereof shall for any reason be held to be illegal or invalid, such illegality or invalidity shall not affect any other provisions hereof. The foregoing shall take effect immediately upon adoption and approval in the manner provided by law.

Adopted, approved and recorded February 16, 2026.

---

Kyle Kordell  
City Manager

ATTEST:

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Amanda Baryenbruch  
City Clerk

(SEAL)

**EXHIBIT A**  
**APPROVING CERTIFICATE**

The undersigned [Finance/Administrative Services Director/Treasurer] [City Manager] of the City of Two Rivers, Manitowoc County, Wisconsin (the "City"), hereby certifies that:

1. Resolution. On February 16, 2026, the City Council of the City adopted a resolution (the "Resolution") authorizing the issuance and establishing parameters for the sale of not to exceed \$2,565,000 General Obligation Promissory Notes of the City (the "Notes") to Robert W. Baird & Co. Incorporated (the "Purchaser") and delegating to me the authority to approve the Preliminary Official Statement, to approve the purchase proposal for the Notes, and to determine the details for the Notes within the parameters established by the Resolution.

2. Proposal; Terms of the Notes. On the date hereof, the Purchaser offered to purchase the Notes in accordance with the terms set forth in the Note Purchase Agreement between the City and the Purchaser attached hereto as Schedule I (the "Proposal"). The Proposal meets the parameters established by the Resolution and is hereby approved and accepted.

The Notes shall be issued in the aggregate principal amount of \$\_\_\_\_\_, which is not more than the \$2,565,000 approved by the Resolution, and shall mature on April 1 of each of the years and in the amounts and shall bear interest at the rates per annum as set forth in the Pricing Summary attached hereto as Schedule II and incorporated herein by this reference. The first interest payment date on the Notes shall be [April 1, 2027]. The amount of each annual principal or mandatory redemption payment due on the Notes is not more than \$250,000 more or less per maturity or mandatory redemption amount than the schedule included in the Resolution as set forth below:

<u>Date</u>	<u>Resolution Schedule</u>	<u>Actual Amount</u>
04-01-2027	\$130,000	\$_____
04-01-2028	95,000	_____
04-01-2029	245,000	_____
04-01-2030	260,000	_____
04-01-2031	270,000	_____
04-01-2032	285,000	_____
04-01-2033	300,000	_____
04-01-2034	315,000	_____
04-01-2035	325,000	_____
04-01-2036	340,000	_____

The true interest cost on the Notes (computed taking the Purchaser's compensation into account) is \_\_\_\_\_ %, which is not in excess of 4.50%, as required by the Resolution.

3. Purchase Price of the Notes. The Notes shall be sold to the Purchaser in accordance with the terms of the Proposal at a price of \$\_\_\_\_\_, plus accrued interest, if any, to the date of delivery of the Notes, which is not less than 95.75% of the principal amount of the Notes, as required by the Resolution.

The difference between the initial public offering prices provided by the Purchaser of the Notes (\$\_\_\_\_\_) and the purchase price to be paid to the City by the Purchaser (\$\_\_\_\_\_) is \$\_\_\_\_\_, or \_\_\_\_% of the principal amount of the Notes, which does not exceed 4.25% of the principal amount of the Notes. The portion of such amount representing Purchaser's compensation is \$\_\_\_\_\_, or not more than 1.50% of the principal amount of the Notes.

4. Redemption Provisions of the Notes. [The Notes are not subject to optional redemption.] [The Notes maturing on April 1, \_\_\_\_ and thereafter are subject to redemption prior to maturity, at the option of the City, on April 1, \_\_\_\_ or on any date thereafter. Said Notes are redeemable as a whole or in part, and if in part, from maturities selected by the City and within each maturity by lot, at the principal amount thereof, plus accrued interest to the date of redemption.] [The Proposal specifies that [some of] the Notes are subject to mandatory redemption. The terms of such mandatory redemption are set forth on an attachment hereto as Schedule MRP and incorporated herein by this reference.]

5. Direct Annual Irrepealable Tax Levy. For the purpose of paying the principal of and interest on the Notes as the same respectively falls due, the full faith, credit and taxing powers of the City have been irrevocably pledged and there has been levied on all of the taxable property in the City, pursuant to the Resolution, a direct, annual irrepealable tax in an amount and at the times sufficient for said purpose. Such tax shall be for the years and in the amounts set forth on the debt service schedule attached hereto as Schedule III.

6. Preliminary Official Statement. The Preliminary Official Statement with respect to the Notes is hereby approved and deemed "final" as of its date for purposes of SEC Rule 15c2-12 promulgated by the Securities and Exchange Commission pursuant to the Securities and Exchange Act of 1934.

7. Approval. This Certificate constitutes my approval of the Proposal, and the principal amount, definitive maturities, interest rates, purchase price and redemption provisions for the Notes and the direct annual irrepealable tax levy to repay the Notes, in satisfaction of the parameters set forth in the Resolution.

IN WITNESS WHEREOF, I have executed this Certificate on  
\_\_\_\_\_, 2026 pursuant to the authority delegated to me in the Resolution.

\_\_\_\_\_  
Kasandra Paider  
Finance/Administrative Services Director/Treasurer

OR

\_\_\_\_\_  
Kyle Kordell  
City Manager

SCHEDULE I TO APPROVING CERTIFICATE

Proposal

To be provided by the Purchaser and incorporated into the Certificate.

(See Attached)

copy

## SCHEDULE II TO APPROVING CERTIFICATE

### Pricing Summary

To be provided by the Purchaser and incorporated into the Certificate.

(See Attached)

copy

SCHEDULE III TO APPROVING CERTIFICATE

Debt Service Schedule and Irrepealable Tax Levies

To be provided by the Purchaser and incorporated into the Certificate.

(See Attached)

copy

## SCHEDULE MRP

### Mandatory Redemption Provision

The Notes due on April 1, \_\_\_\_, \_\_\_\_ and \_\_\_\_ (the "Term Bonds") are subject to mandatory redemption prior to maturity by lot (as selected by the Depository) at a redemption price equal to One Hundred Percent (100%) of the principal amount to be redeemed plus accrued interest to the date of redemption, from debt service fund deposits which are required to be made in amounts sufficient to redeem on April 1 of each year the respective amount of Term Bonds specified below:

#### For the Term Bonds Maturing on April 1, 20

Redemption <u>Date</u>	Amount \$ _____
____	_____
____	_____
____	_____ (maturity)

#### For the Term Bonds Maturing on April 1, 20

Redemption <u>Date</u>	Amount \$ _____
____	_____
____	_____
____	_____ (maturity)

#### For the Term Bonds Maturing on April 1, 20

Redemption <u>Date</u>	Amount \$ _____
____	_____
____	_____
____	_____ (maturity)

#### For the Term Bonds Maturing on April 1, 20

Redemption <u>Date</u>	Amount \$ _____
____	_____
____	_____
____	_____ (maturity)]

## EXHIBIT B

(Form of Note)

REGISTERED	UNITED STATES OF AMERICA	DOLLARS
NO. R-_____	STATE OF WISCONSIN	\$_____
	MANITOWOC COUNTY	
	CITY OF TWO RIVERS	
	GENERAL OBLIGATION PROMISSORY NOTE	

MATURITY DATE:	ORIGINAL DATE OF ISSUE:	INTEREST RATE:	CUSIP:
April 1, _____	_____, 20____	_____ %	_____

DEPOSITORY OR ITS NOMINEE NAME: CEDE &amp; CO.

PRINCIPAL AMOUNT:	THOUSAND DOLLARS
(\$_____)	

FOR VALUE RECEIVED, the City of Two Rivers, Manitowoc County, Wisconsin (the "City"), hereby acknowledges itself to owe and promises to pay to the Depository or its Nominee Name (the "Depository") identified above (or to registered assigns), on the maturity date identified above, the principal amount identified above, and to pay interest thereon at the rate of interest per annum identified above, all subject to the provisions set forth herein regarding redemption prior to maturity. Interest shall be payable semi-annually on April 1 and October 1 of each year commencing on [April 1, 2027] until the aforesaid principal amount is paid in full. Both the principal of and interest on this Note are payable to the registered owner in lawful money of the United States. Interest payable on any interest payment date shall be paid by wire transfer to the Depository in whose name this Note is registered on the Bond Register maintained by Associated Trust Company, National Association (the "Fiscal Agent") or any successor thereto at the close of business on the 15th day of the calendar month next preceding each interest payment date (the "Record Date"). This Note is payable as to principal upon presentation and surrender hereof at the office of the Fiscal Agent.

For the prompt payment of this Note together with interest hereon as aforesaid and for the levy of taxes sufficient for that purpose, the full faith, credit and resources of the City are hereby irrevocably pledged.

This Note is one of an issue of Notes aggregating the principal amount of \$ \_\_\_\_\_, all of which are of like tenor, except as to denomination, interest rate, maturity date and redemption provision, issued by the City pursuant to the provisions of Section 67.12(12), Wisconsin Statutes, for public purposes, including paying the cost of bike trail improvements, street improvement projects, bridge improvements, parks and recreation projects, fire department equipment, public works equipment, city hall improvements, police department equipment and a bucket truck, as authorized by a resolution adopted on February 16, 2026 as supplemented by an

Approving Certificate, dated \_\_\_\_\_, \_\_\_\_\_ [(the "Approving Certificate")]  
 (collectively, the "Resolution"). Said Resolution is recorded in the official minutes of the City Council for said date.

[This Note is not subject to optional redemption.]

[The Notes maturing on April 1, \_\_\_\_\_ and thereafter are subject to redemption prior to maturity, at the option of the City, on April 1, \_\_\_\_\_ or on any date thereafter. Said Notes are redeemable as a whole or in part, and if in part, from maturities selected by the City, and within each maturity by lot (as selected by the Depository), at the principal amount thereof, plus accrued interest to the date of redemption.]

[The Notes maturing in the years \_\_\_\_\_ are subject to mandatory redemption by lot as provided in the Approving Certificate, at the redemption price of par plus accrued interest to the date of redemption and without premium.]

[In the event the Notes are redeemed prior to maturity, as long as the Notes are in book-entry-only form, official notice of the redemption will be given by mailing a notice by registered or certified mail, overnight express delivery, facsimile transmission, electronic transmission or in any other manner required by the Depository, to the Depository not less than thirty (30) days nor more than sixty (60) days prior to the redemption date. If less than all of the Notes of a maturity are to be called for redemption, the Notes of such maturity to be redeemed will be selected by lot. Such notice will include but not be limited to the following: the designation, date and maturities of the Notes called for redemption, CUSIP numbers, and the date of redemption. Any notice provided as described herein shall be conclusively presumed to have been duly given, whether or not the registered owner receives the notice. The Notes shall cease to bear interest on the specified redemption date provided that federal or other immediately available funds sufficient for such redemption are on deposit at the office of the Depository at that time. Upon such deposit of funds for redemption the Notes shall no longer be deemed to be outstanding.]

It is hereby certified and recited that all conditions, things and acts required by law to exist or to be done prior to and in connection with the issuance of this Note have been done, have existed and have been performed in due form and time; that the aggregate indebtedness of the City, including this Note and others issued simultaneously herewith, does not exceed any limitation imposed by law or the Constitution of the State of Wisconsin; and that a direct annual irrepealable tax has been levied sufficient to pay this Note, together with the interest thereon, when and as payable.

This Note has been designated by the City Council as a "qualified tax-exempt obligation" pursuant to the provisions of Section 265(b)(3) of the Internal Revenue Code of 1986, as amended.

This Note is transferable only upon the books of the City kept for that purpose at the office of the Fiscal Agent, only in the event that the Depository does not continue to act as depository for the Notes, and the City appoints another depository, upon surrender of the Note to the Fiscal Agent, by the registered owner in person or his duly authorized attorney, together with a written instrument of transfer (which may be endorsed hereon) satisfactory to the Fiscal Agent duly executed by the registered owner or his duly authorized attorney. Thereupon a new fully registered Note in the same aggregate principal amount shall be issued to the new depository in exchange therefor and upon the payment of a charge sufficient to reimburse the City for any tax, fee or other governmental charge required to be paid with respect to such registration. The Fiscal Agent shall not be obliged to make any transfer of the Notes [(i)] after the Record Date [(ii) during the fifteen (15) calendar days preceding the date of any publication of notice of any proposed redemption of the Notes, or (iii) with respect to any particular Note, after such Note has been called for redemption]. The Fiscal Agent and City may treat and consider the Depository in whose name this Note is registered as the absolute owner hereof for the purpose of receiving payment of, or on account of, the principal or redemption price hereof and interest due hereon and for all other purposes whatsoever. The Notes are issuable solely as negotiable, fully-registered Notes without coupons in the denomination of \$5,000 or any integral multiple thereof.

This Note shall not be valid or obligatory for any purpose until the Certificate of Authentication hereon shall have been signed by the Fiscal Agent.

No delay or omission on the part of the owner hereof to exercise any right hereunder shall impair such right or be considered as a waiver thereof or as a waiver of or acquiescence in any default hereunder.

IN WITNESS WHEREOF, the City of Two Rivers, Manitowoc County, Wisconsin, by its governing body, has caused this Note to be executed for it and in its name by the manual or facsimile signatures of its duly qualified City Manager and City Clerk; and to be sealed with its official or corporate seal, if any, all as of the original date of issue specified above.

CITY OF TWO RIVERS  
MANITOWOC COUNTY, WISCONSIN

By: \_\_\_\_\_  
Kyle Kordell  
City Manager

(SEAL)

By: \_\_\_\_\_  
Amanda Baryenbruch  
City Clerk

Date of Authentication: \_\_\_\_\_, \_\_\_\_\_

**CERTIFICATE OF AUTHENTICATION**

This Note is one of the Notes of the issue authorized by the within-mentioned Resolution of the City of Two Rivers, Manitowoc County, Wisconsin.

**ASSOCIATED TRUST COMPANY,  
NATIONAL ASSOCIATION**

By \_\_\_\_\_  
Authorized Signatory

## ASSIGNMENT

FOR VALUE RECEIVED, the undersigned sells, assigns and transfers unto

---

(Name and Address of Assignee)

---

(Social Security or other Identifying Number of Assignee)

the within Note and all rights thereunder and hereby irrevocably constitutes and appoints \_\_\_\_\_, Legal Representative, to transfer said Note on the books kept for registration thereof, with full power of substitution in the premises.

Dated: \_\_\_\_\_

Signature Guaranteed:

---

(e.g. Bank, Trust Company  
or Securities Firm)

---

(Depository or Nominee Name)

NOTICE: This signature must correspond with the name of the Depository or Nominee Name as it appears upon the face of the within Note in every particular, without alteration or enlargement or any change whatever.

---

(Authorized Officer)



# TWO RIVERS

WISCONSIN

PUBLIC WORKS

Section 10, ItemC.

## Engineering Division

1717 E. Park Street

P.O. BOX 87

Two Rivers, WI 54241-0087

Date: February 11, 2026

To: City Council  
Kyle Kordell, City Manager  
Benjamin Meinnert, Acting City Manager

From: Matthew R Heckenlaible, PE, City Engineer / Public Works Director *mmh*

Re: Bid Award Recommendation: Contract 2-2026 Near North Side LSL Replacement

Five (5) bids were received and opened on February 10, 2026, for Contract 2-2026 for replacement of lead water service laterals on the near north side of the city. The project involves water service lateral replacement within the public rights-of-way and within private property in approximately 230 different areas of the City, and supplemental items for sanitary laterals, wall cores, sewer televising, sanitary lateral reconnection, removal and replacement of unsuitable backfill, topsoil restoration, seeding, fertilizer, and erosion mat, water meter relocation and exploratory excavation.

Town & Country, Consulting Engineer's Bid Tabulation and recommendation memo is attached. I concur with the recommendations of Town & Country, Consulting Engineers to award the contracts to the respective Low Bidder:

Contract	Eng. Cost Estimate	Low Bid Amount	Contractor
2-2026	\$2,634,000.00	\$2,437,152.60	Mammoth Construction

WDNR Funding sources for the project include the following:

	WDNR Revenue Requested	Construction Bid Costs w/ 10% Eng. & Contingency
[\$2,437,152.60 + \$243,715.26]		\$2,680,867.86
DNR Loans (SDWFL-LSL-Private)	\$571,588.00	
Principal Forgiveness (100%)	(\$571,588.00)	
DNR Loan (SDWFL-LSL-Public)	\$2,348,037.00	
Principal Forgiveness (25%)	(\$0.00)	
DNR Loan (CWF)	\$1,582,350.00	
Pavement Repair – Force Account Estimate (SDWFL & CWF)	Included in above funding	\$821,000.00
		\$3,501,867.86

Should any questions arise, please contact me at your earliest opportunity.



[www.two-rivers.org](http://www.two-rivers.org)



920.793.5539



920.793.5537



February 10, 2026

City of Two Rivers  
1717 East Park Street  
P.O. Box 87  
Two Rivers, WI 54241

Attention: Mr. Kyle Kordell, City Manager

Subject: Analysis of Bids and Recommendation for Award of Contract  
2 – 2026 Lateral Replacement

Bid Deadline: February 10, 2026 at 1:00 p.m. local time

Ladies and Gentlemen:

The purpose of this letter is to analyze the bids received for the 2026 Lateral Replacement project and to recommend the award of a contract. This project involves lateral replacement within the public right-of-way and on private property in approximately 230 different areas of the City, and supplemental items for sanitary laterals, wall cores, sewer televising, sanitary lateral reconnection, removal and replacement of unsuitable backfill, restoration, water meter relocation and exploratory excavation.

The pre-bid estimate for the base bid was \$2,260,500. Fourteen general contractors, subcontractors, and material suppliers requested sets of plans, specifications and bidding documents. Five contractors submitted bids.

A summary of the bids is as follows:

Contractor	Base Bid	Supplemental Bid Total
Mammoth Construction	\$2,133,151.60	\$304,001.00
MRJ Inc DBA Joski Sewer	\$2,143,438.00	\$355,100.00
Alfson Excavating LLC	\$2,277,400.00	\$353,575.00
Scott Lamers Construction LLC	\$2,283,251.60	\$540,001.00
DeGroot, Inc.	\$3,144,371.30	\$472,870.40

All of the bids were properly submitted. The low bidder, using the base bid only, or the base bid and supplemental bid is Mammoth Construction of Manitowoc, Wisconsin, an experienced utility contractor that completed a similar project for the City in 2024. The bid prices are lower than the original budget due to the competitive market and slightly conservative budgeting. We recommend that Mammoth Construction be awarded a contract for the base bid, plus the supplemental bid, for a total of \$2,437,152.60.

Analysis of Bids and Recommendation for Award of Contract  
February 10, 2026  
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This will be a unit price contract. That is, the contractor will be paid for the work performed based on the unit prices bid. This means that the final costs could be either greater than or less than the bid totals. Also, unexpected conditions are sometimes encountered which result in increased project costs. Therefore, it would be wise to continue to carry the recommended 10% contingency.

As this project is intended to be funded in part through both the Wisconsin DNR Safe Drinking Water Loan Program (SDWLP) and potentially the Clean Water Fund (CWF) loan program, the City will need to execute this agreement and provide a signed copy to the Wisconsin DNR to secure the grant and loan funding to be utilized.

If you have any questions with respect to our thoughts on this matter, I am available at your convenience to discuss them with you.

Respectfully,  
TOWN & COUNTRY ENGINEERING, INC.



Gregory J. Droessler, P.E.  
Vice-President

GJD:sai

J:\JOB\#S1\Two Rivers\TR-44-M9 2026 SDW and CWF Assistance\10\_Construction\Bidding\2 - 2026 Lateral Replacement\Recommendation Ltr.docx

Project: 2 – 2026 Lateral Replacement; City of Two Rivers  
 Engineer's Project Number: TR-44(2) Bid Deadline: February 10, 2026 at 1:00 p.m.

ITEM NO.	DESCRIPTION OF WORK	BID PRE-BID ESTIMATE			Mammouth Construction			MRJ Inc DBA Jolt Sewer			Aiston Excavating LLC			Scott Lamers Construction LLC			DeGroot, Inc.	
		QUANT.	UNITS	UNIT PRICE	AMOUNT	QUANT.	UNIT PRICE	AMOUNT	QUANT.	UNIT PRICE	AMOUNT	QUANT.	UNIT PRICE	AMOUNT	QUANT.	UNIT PRICE	AMOUNT	UNIT PRICE
<b>BASE BID - PART 1 PUBLIC IMPROVEMENTS</b>																		
1.	1" HDPE Water Service - Long	230	each	\$ 4,000.00	\$ 920,000.00	\$ 3,600.00	\$ 874,000.00	\$ 3,400.00	\$ 782,000.00	\$ 4,200.00	\$ 986,000.00	\$ 500.00	\$ 115,000.00	\$ 2,065.97	\$ 475,173.10			
2.	1" HDPE Water Service - Short	115	each	\$ 500.00	\$ 57,500.00	\$ 500.00	\$ 57,500.00	\$ 197.00	\$ 22,655.00	\$ 600.00	\$ 69,000.00	\$ 3,000.00	\$ 402,500.00	\$ 2,242.98	\$ 275,942.70			
3.	1" HDPE Water Service - Short	115	each	\$ 400.00	\$ 46,000.00	\$ 400.00	\$ 57,500.00	\$ 180.00	\$ 20,700.00	\$ 500.00	\$ 57,500.00	\$ 3,000.00	\$ 345,000.00	\$ 1,695.92	\$ 195,145.80			
4.	1" Valve and Box	230	each	\$ 300.00	\$ 69,000.00	\$ 350.00	\$ 80,500.00	\$ 325.00	\$ 74,750.00	\$ 375.00	\$ 88,250.00	\$ 400.00	\$ 92,000.00	\$ 812.58	\$ 200,893.40			
5.	Tooling for Existing Sewer	230	each	\$ 100.00	\$ 23,000.00	\$ 85.00	\$ 19,550.00	\$ 65.00	\$ 19,550.00	\$ 100.00	\$ 23,000.00	\$ 150.00	\$ 34,500.00	\$ 141.40	\$ 32,522.00			
6.	6" PVC Sanitary Lateral	3,500	ft. f.	\$ 50.00	\$ 175,000.00	\$ 45.00	\$ 157,500.00	\$ 51.75	\$ 181,125.00	\$ 48.00	\$ 171,500.00	\$ 55.00	\$ 192,500.00	\$ 50.45	\$ 178,575.00			
7.	4" PVC Sanitary Lateral	3,500	ft. f.	\$ 50.00	\$ 175,000.00	\$ 45.00	\$ 157,500.00	\$ 50.00	\$ 175,000.00	\$ 45.00	\$ 157,500.00	\$ 50.00	\$ 175,000.00	\$ 48.48	\$ 169,560.00			
8.	6" Sanitary Sewer Wye - Cut In	185	each	\$ 1,500.00	\$ 277,500.00	\$ 1,800.00	\$ 286,000.00	\$ 1,800.00	\$ 351,500.00	\$ 1,800.00	\$ 286,000.00	\$ 1,000.00	\$ 185,000.00	\$ 3,623.37	\$ 707,323.45			
9.	10" Sanitary Sewer Wye - Cut In	20	each	\$ 1,600.00	\$ 32,000.00	\$ 1,800.00	\$ 36,000.00	\$ 2,000.00	\$ 40,000.00	\$ 1,850.00	\$ 37,000.00	\$ 1,100.00	\$ 22,000.00	\$ 4,048.08	\$ 80,961.60			
10.	Sanitary Lateral Saddle Tee	25	each	\$ 1,500.00	\$ 37,500.00	\$ 1,000.00	\$ 25,000.00	\$ 1,000.00	\$ 25,000.00	\$ 1,000.00	\$ 25,000.00	\$ 800.00	\$ 20,000.00	\$ 3,686.43	\$ 92,410.75			
11.	Sanitary Lateral Tracer Wire System	230	each	\$ 100.00	\$ 23,000.00	\$ 50.00	\$ 11,500.00	\$ 185.00	\$ 42,550.00	\$ 40.00	\$ 9,200.00	\$ 100.00	\$ 23,000.00	\$ 277.75	\$ 63,882.50			
<b>TOTAL BASE BID PART 1</b>																		
<b>PUBLIC IMPROVEMENTS</b>																		
<b>BASE BID - PART 2 PRIVATE SERVICE LATERALS</b>																		
12.	1" HDPE Water Services	180	each	\$ 1,000.00	\$ 268,000.00	\$ 1,500.00	\$ 240,000.00	\$ 1,800.00	\$ 288,000.00	\$ 1,575.00	\$ 252,000.00	\$ 3,100.00	\$ 496,000.00	\$ 2,626.00	\$ 420,160.00			
13.	Pre-Construction Meeting with Property Owner, Contractor, & City Staff	160	each	\$ 100.00	\$ 16,000.00	\$ 85.00	\$ 13,600.00	\$ 85.00	\$ 13,600.00	\$ 85.00	\$ 13,600.00	\$ 100.00	\$ 16,000.00	\$ 262.60	\$ 42,016.00			
14.	Wall Core (1" Diameter Pipe)	160	each	\$ 25.00	\$ 4,000.00	\$ 0.01	\$ 100,000.00	\$ 625.00	\$ 100,000.00	\$ 650.00	\$ 104,000.00	\$ 1,000.00	\$ 104,000.00	\$ 1,600.00	\$ 262.60	\$ 42,016.00		
15.	Reconnect Water Service Inside Building	160	each	\$ 700.00	\$ 112,000.00	\$ 450.00	\$ 5,000.00	\$ 450.00	\$ 2,000.00	\$ 625.00	\$ 625.00	\$ 350.00	\$ 3,500.00	\$ 530.25	\$ 5,342.50			
16.	Reconnect Additional Water Meters Inside a Building	10	each	\$ 500.00	\$ 5,000.00	\$ 500.00	\$ 2,500.00	\$ 2,500.00	\$ 1,000.00	\$ 400.00	\$ 2,000.00	\$ 250.00	\$ 1,250.00	\$ 1,090.50	\$ 5,302.50			
17.	Mobilization for Lateral Replacement Outside the Project Area	5	each	\$ 1,000.00	\$ 5,000.00	\$ 380,901.00	\$ 406,806.00	\$ 380,901.00	\$ 379,460.00	\$ 379,460.00	\$ 379,460.00	\$ 2,277,400.00	\$ 2,277,400.00	\$ 2,277,400.00	\$ 682,861.00			
<b>TOTAL BASE BID PART 2</b>																		
<b>PRIVATE SERVICE LATERALS</b>																		
<b>TOTAL BASE BID PART 1 AND 2</b>																		
<b>SUPPLEMENTAL BID ITEMS - PRIVATE SERVICE LATERALS</b>																		
S1.	6" PVC Sanitary Lateral	1,500	ft. f.	\$ 50.00	\$ 75,000.00	\$ 45.00	\$ 67,500.00	\$ 43.00	\$ 64,500.00	\$ 50.00	\$ 75,000.00	\$ 30.00	\$ 45,000.00	\$ 15.91	\$ 23,865.00			
S2.	4" PVC Sanitary Lateral	1,500	ft. f.	\$ 50.00	\$ 75,000.00	\$ 45.00	\$ 67,500.00	\$ 26.00	\$ 39,000.00	\$ 48.00	\$ 72,000.00	\$ 5.00	\$ 7,500.00	\$ 5.30	\$ 7,980.00			
S3.	Wall Core (6" Dia. Pipe or Less)	100	each	\$ 100.00	\$ 10,000.00	\$ 10.00	\$ 1,000.00	\$ 5.00	\$ 500.00	\$ 25.00	\$ 10,000.00	\$ 0.01	\$ 1,000.00	\$ 265.13	\$ 26,513.00			
S4.	Relocating for Sanitary Lateral Adapta	100	each	\$ 100.00	\$ 10,000.00	\$ 85.00	\$ 8,500.00	\$ 100.00	\$ 10,000.00	\$ 100.00	\$ 10,000.00	\$ 150.00	\$ 15,000.00	\$ 150.08	\$ 15,986.00			
S5.	Reconnect Sanitary Lateral Adapta	50	each	\$ 500.00	\$ 25,000.00	\$ 200.00	\$ 10,000.00	\$ 1,200.00	\$ 60,000.00	\$ 750.00	\$ 37,500.00	\$ 3,500.00	\$ 175,000.00	\$ 2,651.25	\$ 132,562.50			
S6.	Reconnect Sanitary Lateral Adapta Building (Below Basement Floor)	50	each	\$ 2,500.00	\$ 125,000.00	\$ 2,250.00	\$ 112,500.00	\$ 2,500.00	\$ 125,000.00	\$ 2,000.00	\$ 100,000.00	\$ 4,000.00	\$ 200,000.00	\$ 3,181.50	\$ 150,075.00			
S7.	Removal and Replacement of Unusable Backfill	100	cu. yds	\$ 10.00	\$ 1,000.00	\$ 0.01	\$ 100.00	\$ 100.00	\$ 1,200.00	\$ 12.00	\$ 1,200.00	\$ 50.00	\$ 5,000.00	\$ 45.45	\$ 4,545.00			
S8.	Tropical Restoration, Seeding, Fertilizer, and Erosion Mat	3,000	sq. yard	\$ 10.00	\$ 30,000.00	\$ 9.00	\$ 27,000.00	\$ 10.00	\$ 30,000.00	\$ 9.00	\$ 27,000.00	\$ 20.00	\$ 60,000.00	\$ 15.15	\$ 45,450.00			
S9.	Relocate Water Meter	5	each	\$ 1,000.00	\$ 5,000.00	\$ 500.00	\$ 2,500.00	\$ 200.00	\$ 1,000.00	\$ 675.00	\$ 3,375.00	\$ 500.00	\$ 2,500.00	\$ 705.38	\$ 3,976.90			
S10.	Exploratory Excavation	50	each	\$ 260.00	\$ 12,500.00	\$ 150.00	\$ 7,500.00	\$ 500.00	\$ 25,000.00	\$ 600.00	\$ 30,000.00	\$ 1,060.50	\$ 53,025.00	\$ 1,060.50	\$ 53,025.00			
<b>TOTAL SUPPLEMENTAL BID ITEMS</b>																		

Section 10, ItemC.