



CITY COUNCIL MEETING

Monday, February 03, 2025 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. PUBLIC HEARING

A. 25-021 Public Hearing for a Conditional Use Permit Application for Taco Bell with Drive-Through at 1803 Washington Street

Recommended Action:

Motion to approve the Conditional Use Permit as recommended by the Plan Commission with modifications as recommended by the City Manager

6. INPUT FROM THE PUBLIC

7. COUNCIL COMMUNICATIONS

Letters and other communications from citizens

8. COUNCIL REPORTS FROM BOARDS/COMMISSIONS/COMMITTEES

9. CITY MANAGER'S REPORT

A. Invited Guests

B. Status Update/ Reports

1. Staffing Updates

2. Election Updates: Spring Primary, February 18, 2025

3. Winter Sidewalk Clearing

4. Winter Parking Ban

5. EPA Notice of Violation Regarding Water Service Line Inventory

6. Sandy Bay Highlands Subdivision Phase 3

7. Community and Economic Development Update

8. Upcoming Events

a. Coffee with a Cop, Wednesday, February 5, 2025, 10:00 AM - 11:00 AM at the

- Two Rivers Senior Center
- b. Two Rivers Business Association Fundraiser, Saturday, February 8, 2025, 6:00 PM - 9:00 PM at Sepia Chapel
- c. Manitowoc/Two Rivers Letter Carriers, "14th Annual Bowl-A-Thon/Raffle for MDA," Saturday & Sunday, February 15 & 16, 2025 at The Hook Lanes & Games
- d. Woodland Dunes Fundraiser, "Tropical Blast," Saturday, February 22, 2025, 5:00 PM - 8:30 PM at Sepia Chapel
- e. The Price is Right, Saturday, February 22, 2025, 6:30 PM, in the Community House Gym
- 9. Other
- C. Legislative/Intergovernmental Update
 - 1. Questions Regarding Status of Federal Funding for Various Projects and Activities
 - 2. Other

10. CONSENT AGENDA

- A. 25-022** Presentation of Minutes
 - 1. City Council Regular Meeting, January 20, 2025

Recommended Action:
Motion to waive reading and adopt the minutes

- B. 25-023** Minutes of Meetings
 - 1. Personnel and Finance Committee, August 6, October 30, November 14 & 19, 2024
 - 2. Plan Commission Special Meeting, January 22, 2025
 - 3. Business and Industrial Development Committee/Community Development Authority, January 28, 2025

Recommended Action:
Motion to receive and file

- C. 25-024** Applications and Petitions
 - 1. Application for Temporary Class "B" Beer License for Two Rivers Main Street, The Great TRivia Contest event, March 13, 2025, 5:00PM to 10:00PM at the Community House, 1710 W. Park Street
 - 2. Application for Temporary Class "B" Beer License for Two Rivers Main Street, Cool City Classic Car Show and Cruise event, June 27, 2025, 5:00PM to 10:00PM, June 28, 2025, 7:00AM to 4:00PM, Central Park West, 1700 Washington Street
 - 3. Application for Temporary Class "B" Beer License for Two Rivers Main Street, Bryan Lee Memorial Blues Festival event, July 12, 2025, 10:00AM to 10:00PM, Central Park West, 1700 Washington Street
 - 4. Application for Temporary Class "B" Beer License for Two Rivers Main Street, Ethnic Fest event, September 20, 2025, 10:00AM to 6:00PM, Central Park West, 1700 Washington Street
 - 5. Application for New "Class B" License for Pizzeria Inizio LLC, dba Pop-Start Pizza, 1033 22nd Street, Justin Ulness, Agent

Recommended Action:
Motion to approve the applications and authorize issuance of the licenses

RECOMMENDED ACTION FOR CONSENT AGENDA
Motion to approve the Consent Agenda with the various actions recommended

11. CITY COUNCIL - FORMAL ITEMS

A. 25-025 Joint Powers Agreement Between Manitowoc County Joint Dispatch Center and City of Two Rivers

Recommended Action:

Motion to authorize the City Manager and City Council to sign the agreement on behalf of the City

12. FOR INFORMATION ONLY

- A. City Council Regular Meeting, Monday, February 17, 2025, 6:00 PM
- B. Council Listening Session, Wednesday, February 19, 2025, 6:00 PM at Lester Public Library
- C. City Council Work Session, Monday, February 24, 2025, 6:00 PM

13. CLOSED SESSION

Per Wisc. Stats. 19.85(1)(g) Conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved

--Discuss recent communication from Van der Brohe Arboretum, regarding City utility service

14. RECONVENE IN OPEN SESSION

To consider possible actions in follow-up to closed session discussions

15. 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 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.

CONDITIONAL USE
PERMIT
City of Two Rivers

Document Number

Permit No. 2025-01

Before the City Council of the City of Two Rivers, Manitowoc County, Wisconsin, regarding the premises at 1803 Washington Street in the City of Two Rivers, Manitowoc County, State of Wisconsin, further described as:

ORIG PLAT LOT 7 THRU 9 BLK 51

Inspections Department
City of Two Rivers
PO Box 87
Two Rivers, WI 54241-0087

Parcel ID Number: 053-000-051-091.06

Zoning Classification of the Premises is: B-1 Business District/Conditional Use for operation of a drive-thru service window.
Mailing Address of the Premises Operator: 2500 Lehigh Ave, Glenview, IL 60026

WHEREAS, the Zoning Code and Zoning District Map of the above named municipality, pursuant to State Statute, state that the premises may not be used for the purpose hereinafter described but that upon petition such use may be approved by the municipality as a Conditional Use in particular circumstances as defined by the standards in the Zoning Ordinance; and

Petition therefore having been made, and public hearing held thereon, and the City Council of the City of Two Rivers having determined that by reason of the nature, character and circumstances of the proposed use, and of the specific and contemporary conditions, permit of such use upon the terms and conditions hereinafter prescribed would be consistent with the requirements of the Zoning Ordinance.

Now, therefore, it is permitted, subject to compliance with the terms and conditions hereinafter stated, that the Premises may be used for the purpose of the operation of a drive-thru facility.

Permitted by action of the City Council of the City of Two Rivers on February 3, 2025.
Original filed in the office of the City Clerk of the City of Two Rivers, Wisconsin

The Conditions of this Permit are:

1. This Permit shall become effective upon the execution and recording by the Owner of the Premises as acceptance hereof.
2. This Permit is subject to the conditions herein and is subject to amendment and termination in accordance with the provisions of the Zoning Code of this Municipality.
3. The operation of the use permitted shall be in strict conformity to the approved conditions identified with this Petition for this Permit and such plans are incorporated herein by reference as if set forth in detail herein.
4. This Permit shall be void unless proper application, pursuant to the Building and Zoning Codes of this Municipality, for appropriate Building and Zoning Use Permits in conformity to this Permit, is made within twenty-four (24) months of the date hereof.
5. Any substantial change to the use or site as the conditions permitted by the issuance of this Permit would require approval by the Plan Commission and City Council as an amendment to this Permit.
6. This Permit is specifically issued to owner CEHOG I LLC and shall lapse upon a change in ownership or tenancy of the subject premises.

Conditions/Conditions of Operations:

- a. Hours of operation: 8AM – 3AM. Seven days per week.
- b. Signage in accord with the City's Sign Code.

7. After 1-year of business operations, the Plan Commission will revisit the possibility of implementing a "right turn only" onto Washington Street if the Police Department deems necessary.

SIGNATURES OF PROPERTY OWNER(S) AND PERMITEE(S):

As Owner(s) of the Subject Property, I/we accept and understand the above-described conditions.

Printed Name: _____

Printed Name: _____

STATE OF WISCONSIN
MANITOWOC COUNTY

Personally came before me this _____ day of _____, 2025, the above named _____ and to be the person(s) who executed the foregoing instrument and acknowledge the same.

Notary Public

Printed Name
_____ County, Wisconsin
My commission expires: _____

SIGNATURES - CITY OF TWO RIVERS

Greg Buckley, City Manager

Amanda Baryenbruch, City Clerk

STATE OF WISCONSIN
MANITOWOC COUNTY

Personally, came before me this _____ day of _____ 2025, the above-named Greg Buckley and Amanda Baryenbruch known to be the person(s) who executed the foregoing instrument and acknowledge the same.

Printed Name: _____
Notary Public, Manitowoc County, Wisconsin
My commission expires: _____

THIS INSTRUMENT WAS DRAFTED BY:
Adam Taylor, Zoning Administrator

--MEMORANDUM--

TO: City Council

FROM: Gregory E Buckley
City Manager



DATE: January 30, 2025

SUBJECT: Conditional Use Permit for Proposed Taco Bell at 1803 Washington Street

When the Council considers this conditional use permit on Monday night, following the public hearing, I recommend that you consider the following minor “tweaks” to the conditions state on the proposed permit:

1. Modify Condition #4 as follows, to eliminate any ambiguity as to the deadline for applying for building and zoning permits:
 4. This Permit shall be void unless proper application, pursuant to the Building and Zoning Codes of this Municipality, for appropriate Building and Zoning Use Permits in conformity to this Permit, is made ~~within twenty-four (24) months of the date hereof.~~ **on or before February 3, 2027.**
2. Modify Condition #7 as follows, to allow the City greater flexibility IF there is a need to revisit a “right turn only” restriction for the drive-through exit:
 7. ~~After 1-year of business operations, the Plan Commission will revisit the possibility of implementing a “right turn only” onto Washington Street if the Police Department deems necessary.~~
 7. **At any time during the term of this permit, upon recommendation of the Chief of Police and after review and recommendation of the Plan Commission, the City Council may amend this Permit to restrict vehicles exiting the drive-through to a “right turn only” onto Washington Street.**

January 28, 2025

To: City of Two Rivers City Council & Inspections Dept.

From: Metro North Communications, Incorporated

As owners of two parcels in the downtown area, (1414 16th Street and 1817 Washington Street) we wish to show our support for a new Taco Bell restaurant, including Drive-Thru for the Northeast corner of the intersection of 18th Street and Washington.

Pacific Bells is a known entity. This location is far superior to any other choice. It will attract a new generation of residents to visit the downtown area. It will create local jobs. It will support the tax base, and the property will be more valuable upon completion, than if it was left as an 'abandoned' former video store.

There is nothing 'magic' about this intersection. Across the street from a funeral parlor. A painted mural that might be slightly blocked. (Murals don't create jobs) Two of the other corners are 100% supported by tax dollars.

In an era, where a bank left town, a jeweler retired, and Two Rivers is becoming known as the 'Massage Parlor Capital of the Lakeshore', it's time to welcome the investment and progress.



Mark Heller, President and Owner



LAND DEVELOPMENT APPLICATION

APPLICANT Pacific Bells (Contact: Kari Keller) TELEPHONE 714-724-9415

MAILING ADDRESS 111 W 39th Street Vancouver WA 98660
(Street) (City) (State) (Zip)

PROPERTY OWNER CEHOG I, LLC TELEPHONE 847-904-9201

MAILING ADDRESS 209 Powell Place Brentwood TN 37027
(Street) (City) (State) (Zip)

REQUEST FOR:

- Comprehensive Plan Amendment
- Site/Architectural Plan Approval
- Subdivision Plat or CSM Review
- Zoning District Change
- Conditional Use
- Annexation Request
- Variance/Board of Appeals
- Other

STATUS OF APPLICANT: Owner Agent Buyer Other

PROJECT LOCATION 1803 Washington Street TYPE OF STRUCTURE Proposed 2,239 sf building

PRESENT ZONING B-1 Business REQUESTED ZONING B-1 Business

PROPOSED LAND USE Taco Bell restaurant with drive-thru

PARCEL # 05300005109106 ACREAGE 0.63

LEGAL DESCRIPTION Lots Seven (7), Eight (8), and Nine (9) of Block Fifty-one (51) of the ORIGINAL PLAT, in the City of Two Rivers, Manitowoc County, Wisconsin

NOTE: Attach a one-page written description of your proposal or request.

The undersigned certifies that he/she has familiarized himself/herself with the state and local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct.

Signed *Kari Keller* Date 12/24/2024
(Property Owner)

Fee Required

- \$ 350 Comprehensive Plan Amendment
- \$ t/b/d Site/Architectural Plan Approval (Listed in Sec 1-2-1)
- \$ t/b/d CSM Review (\$10 lot/\$30 min)
- Subdivision Plat (fee to be determined)
- \$ 350 Zoning District Change
- \$ 350 Conditional Use
- \$ t/b/d Annexation Request (State Processing Fees Apply)
- \$ 350 Variance/Board of Appeals
- \$ t/b/d Other

Schedule

- Application Submittal Date _____
- Date Fee(s) Paid _____
- Plan(s) Submittal Date _____
- Plan Comm Appearance _____

\$ _____ TOTAL FEE PAID APPLICATION, PLANS & FEE RECEIVED BY _____

December 26, 2024

Project Narrative

Project: Taco Bell
1803 Washington Street
Two Rivers, WI

Pacific Bells LLC is requesting site plan and conditional use review and approval for a new Taco Bell quick-serve restaurant with a drive-thru located at 1803 Washington Street in the City of Two Rivers. The property is zoned B-1 Business and the proposed use is permitted. The drive-thru use requires a conditional use permit. The 0.63 acre site currently contains a retail store that will be demolished for the proposed project.

The proposed Taco Bell will be single-story with a building footprint of 2,239 square feet with a single drive-thru lane around the north side of the building. A waste enclosure is proposed on the southeast corner of the site. Adequate parking will be provided with 16 spaces (including 1 handicap accessible stall). The existing access to the site from 18th Street will remain and the existing access from Washington St will be reconstructed in the same location.

Exterior materials are represented in the attached color elevations and waste enclosure detail. The building and site will blend in with and enhance the character of the area. The property will be transformed into a commercial development that is aesthetically pleasing with high-quality exterior materials on the building along with landscaping designed to ensure species resiliency and complimentary style. Site lighting will be provided in a fashion that provides appropriate foot candles for safety with cut-off fixtures for minimal light trespass and directed inward toward the development.



January 21, 2025
 City of Two Rivers
 Attn: Adam Taylor
 1717 E Park St
 Two Rivers, WI 54241

Re: Design Committee Review Comments
 Pacific Bells LLC - Taco Bell at 1803 Washington Street

Dear Adam,

Please accept the resubmittal addressing the review comments from the Design Committee Special Meeting on January 13, 2025 minutes.

- 1) Committee members expressed concerns regarding the proposed structure blocking the recently installed mural, but noted that the mural would provide a pleasant view for drive through customers. Is there another design that could be substituted? Could the location of the building be shifted or placed on a diagonal?
Excel Response: Shifted the building 10' east to allow the mural to be seen by a stopped northbound car at the intersection of Washington Street and 18th street. See vision triangle on C1.1.
- 2) The committee appreciates the plan to retain and rebrand the existing monument sign.
Excel Response: Noted.
- 3) The committee has concerns regarding the impact traffic exiting onto Washington Street may have on the goal of creating a pedestrian friendly downtown.
Excel Response: Noted. Existing driveway width decreased and driveway revised to exit only.
- 4) The committee had some concern regarding the height of the proposed light poles as they relate to existing light poles on Washington Street, but appreciates that they are IDA compliant.
Excel Response: The height of the poles are shown on the site photometric plan (C3.1) at 23'.
- 5) The committee had some concern as to hours of operation and potential introduction of trash to the downtown.
Excel Response: Addressed verbally by TM on 1-13-2025.
- 6) The committee approves of the building materials and likes the synergy of the Southwest Purple with the Two Rivers Raiders school colors.
Excel Response: Noted.

The submittal documents have been revised per the comments above. Please accept for review and approval. Please let me know if you have any comments, questions, or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Drazkowski".

Eric Drazkowski, P.E.
 Project Manager





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PRICES






NEW BUILDING FOR: PACIFIC BELLS LLC

TWO RIVERS, WI

Section 5, Item A

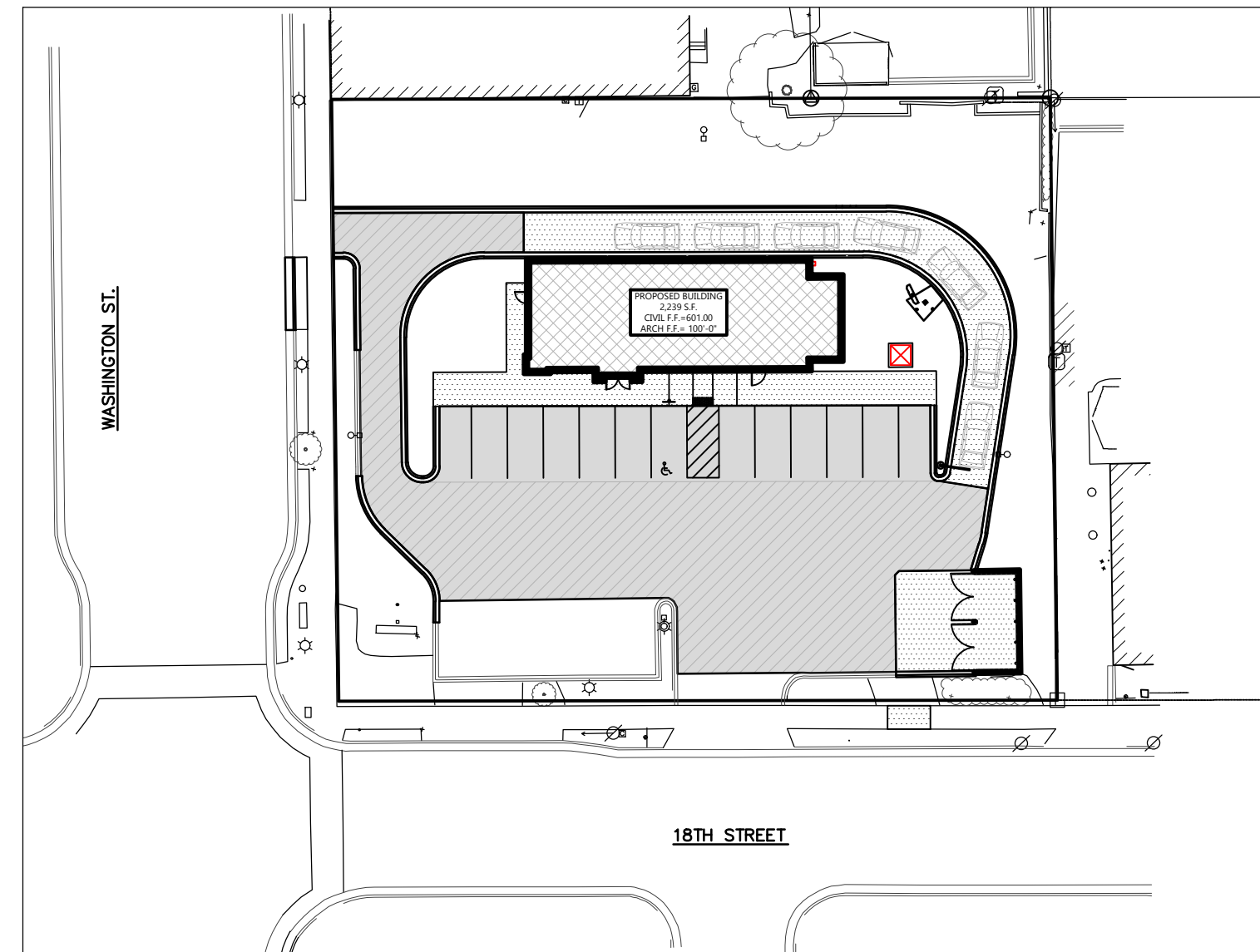


EXCEL
Always a Better Plan
100 Camelot Drive
Fond du Lac, WI 54935
920-926-9800
excelengineer.com

TO OBTAIN LOCATION OF PARTICIPANTS' UNDERGROUND FACILITIES BEFORE YOU DIG IN WISCONSIN
CALL DIGGERS HOTLINE
1-800-242-8511
TOLL FREE TELEFAX (414) 259-0947
TDD (FOR THE HEARING IMPAIRED)
1-800 542-2289
WISCONSIN STATUTE 182.0175 (1974)
REQUIRES MINIMUM OF 3 WORK DAYS NOTICE BEFORE YOU EXCAVATE

NOTE: PROPERTY LINES AND EASEMENTS SHOWN ON THIS SURVEY WERE DRAFTED FROM INFORMATION CONTAINED IN TITLE COMMITMENT NO. _____ BY _____ TITLE COMPANY, DATED _____ 20____. AN UPDATED PLAT OF SURVEY, CERTIFIED SURVEY MAP OR ALTA SURVEY HAS NOT BEEN AUTHORIZED.

NOTE: SURFACE INDICATIONS OF UTILITIES ALONG WITH DIGGER'S HOTLINE MARKINGS PER TICKET NO. 20244618020 HAVE BEEN SHOWN. SIZES AND ELEVATION OF UNDERGROUND UTILITIES SHOWN HEREON ARE BASED ON FIELD MEASUREMENTS OF VISIBLE STRUCTURES IN COMBINATION WITH AVAILABLE DATA PROVIDED TO EXCEL ENGINEERING. EXCEL ENGINEERING MAKES NO GUARANTEE THAT ALL THE EXISTING UTILITIES IN THE SURVEYED AREA HAVE BEEN SHOWN NOR THAT THEY ARE IN THE EXACT LOCATION INDICATED. CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE LOCATION OF ALL UTILITIES PRIOR TO CONSTRUCTION. THIS PLAN IS IN NO WAY A SUBSTITUTE FOR UTILITY LOCATING AT THE TIME OF EXCAVATION.



SITE PLAN OVERVIEW
SCALE: 1" = 40'
0 40' 80'

LEGEND

NOTE: ALL SYMBOLS SHOWN MAY NOT APPEAR ON DRAWINGS.

SYM.	IDENTIFICATION	SYM.	IDENTIFICATION
SPOT ELEVATIONS			
• 1000.00	PROPOSED SPOT ELEVATIONS (FLOW LINE OF CURB UNLESS OTHERWISE SPECIFIED)	• 1000.00 TC	PROPOSED SPOT ELEVATIONS (TOP OF CURB, FLOWLINE OF CURB)
• 1000.00 EG	EXISTING GRADE SPOT ELEVATIONS	• 1000.00 FL	PROPOSED SPOT ELEVATIONS (TOP OF WALK, BOTTOM OF CURB)
• 1000.00 BG	PROPOSED SPOT ELEVATIONS (REFERENCE R-WALL DETAIL) BG-FINISHED SURFACE GRADE AT BACK OF WALL	• 1000.00 TW	PROPOSED SPOT ELEVATIONS (TOP OF WALK, BOTTOM OF WALK @ FLOWLINE)
• 1000.00 FG	PROPOSED SPOT ELEVATIONS (REFERENCE R-WALL DETAIL) FG-FINISHED SURFACE GRADE AT FRONT OF WALL	• 1000.00 BW	PROPOSED SPOT ELEVATIONS (TOP OF WALK, BOTTOM OF WALK @ FLOWLINE)
EXISTING SITE SYMBOLS			
—	EXISTING SIGN	⊘	EXISTING UTILITY POLE
♿	EXISTING HANDICAP PARKING STALL	⊘→	EXISTING UTILITY POLE WITH GUY WIRE
⊗	EXISTING WATER VALVE IN BOX	⊘↔	EXISTING STREET LIGHT
⊗	EXISTING WATER VALVE IN MANHOLE	⊠	EXISTING TELEPHONE PEDESTAL
✕	EXISTING WATER SERVICE VALVE	⊠	EXISTING ELECTRIC PEDESTAL
⊗	EXISTING WELL	⊠	EXISTING ELECTRIC BOX
⊗	EXISTING STORM CATCH BASIN	⬅	EXISTING FLOOD LIGHT
⊠	EXISTING STORM CURB INLET	⊠	EXISTING TELEPHONE MANHOLE
⊠	EXISTING SQUARE CATCH BASIN	⊠	EXISTING CABLE TV PEDESTAL
☆	EXISTING LIGHT POLE	⊠	EXISTING GAS VALVE
■	1-1/4" REBAR SET WEIGHING 4.30 LB/FT.	⊠	EXISTING HEDGE
●	3/4" REBAR SET WEIGHING 1.50 LB/FT.	⊠	EXISTING WOODED AREA
□	1-1/4" REBAR FOUND	⊠	EXISTING MARSH AREA
○	3/4" REBAR FOUND	⊠	EXISTING DECIDUOUS TREE WITH TRUNK DIAMETER
⊗	2" IRON PIPE FOUND	⊠	EXISTING CONIFEROUS TREE
▲	1" IRON PIPE FOUND	⊠	EXISTING SHRUB
⊠	SECTION CORNER	⊠	EXISTING STUMP
PROPOSED SITE SYMBOLS			
—	PROPOSED SIGN	⊠	PROPOSED STORM FIELD INLET - ST FI
♿	PROPOSED HANDICAP PARKING STALL	⊠	PROPOSED LIGHT POLE
⊗	PROPOSED WATER VALVE IN BOX	⊠	PROPOSED DRAINAGE FLOW
⊗	PROPOSED WATER VALVE IN MANHOLE	⊠	PROPOSED APRON END SECTION
✕	PROPOSED WATER SERVICE VALVE	⊠	SOIL BORING
⊗	PROPOSED WELL	⊠	CENTER LINE
⊗	PROPOSED STORM CATCH BASIN - ST CB	⊠	PROPOSED CLEANOUT
⊠	PROPOSED STORM CURB INLET - ST CI	⊠	PROPOSED DOWNSPOUT TO GRADE
		⊠	PROPOSED DOWNSPOUT TO RISER
EXISTING LINETYPES			
—	EXISTING CHAINLINK FENCE	—	EXISTING POLISH SEWER AND MANHOLE
—	EXISTING WOOD FENCE	—	EXISTING PROCESS SEWER AND MANHOLE
—	EXISTING BARBED WIRE FENCE	—	EXISTING CLEAR WATER LINE
—	EXISTING CURB AND GUTTER	—	EXISTING UNDERGROUND FIBER OPTIC LINE
—	EXISTING GUARD RAIL	—	EXISTING UNDERGROUND ELECTRIC CABLE
—	EXISTING GROUND CONTOUR	—	EXISTING UNDERGROUND TELEPHONE CABLE
—	EXISTING STORM SEWER AND MANHOLE	—	EXISTING UNDERGROUND GAS LINE
—	EXISTING SANITARY SEWER AND MANHOLE	—	EXISTING OVERHEAD UTILITY LINE
—	EXISTING WATER LINE AND HYDRANT	—	RAILROAD TRACKS
—	INTERIOR PROPERTY LINE	—	RIGHT-OF-WAY LINE
PROPOSED LINETYPES			
—	PROPOSED CHAINLINK FENCE	—	PROPOSED POLISH SEWER AND MANHOLE
—	PROPOSED WOOD FENCE	—	PROPOSED PROCESS SEWER AND MANHOLE
—	PROPOSED BARBED WIRE FENCE	—	PROPOSED CLEAR WATER LINE
—	PROPOSED CURB AND GUTTER	—	PROPOSED UNDERGROUND FIBER OPTIC LINE
—	PROPOSED GUARD RAIL	—	PROPOSED UNDERGROUND ELECTRIC CABLE
—	PROPOSED GROUND CONTOUR	—	PROPOSED UNDERGROUND TELEPHONE CABLE
—	PROPOSED STORM SEWER AND MANHOLE - ST MH	—	PROPOSED UNDERGROUND GAS LINE
—	PROPOSED SANITARY SEWER AND MANHOLE - SAN MH	—	PROPOSED OVERHEAD UTILITY LINE
—	PROPOSED WATER LINE AND HYDRANT	—	MATCHLINE
—	PROPOSED PROPERTY LINE	—	GRADING/SEEDING LIMITS

PROJECT CONTACTS

OWNER INFORMATION:
Anchor Point Management
Kari Keller
111W. 39TH Street
Vancouver, WA 98660
Phone: (714) 724-9415
Email: KKeller@Anchorpointmg.com

CIVIL:
Eric Draskowski, P.E.
Phone: (920)322-1678
E-mail: eric.draskowski@excelengineer.com

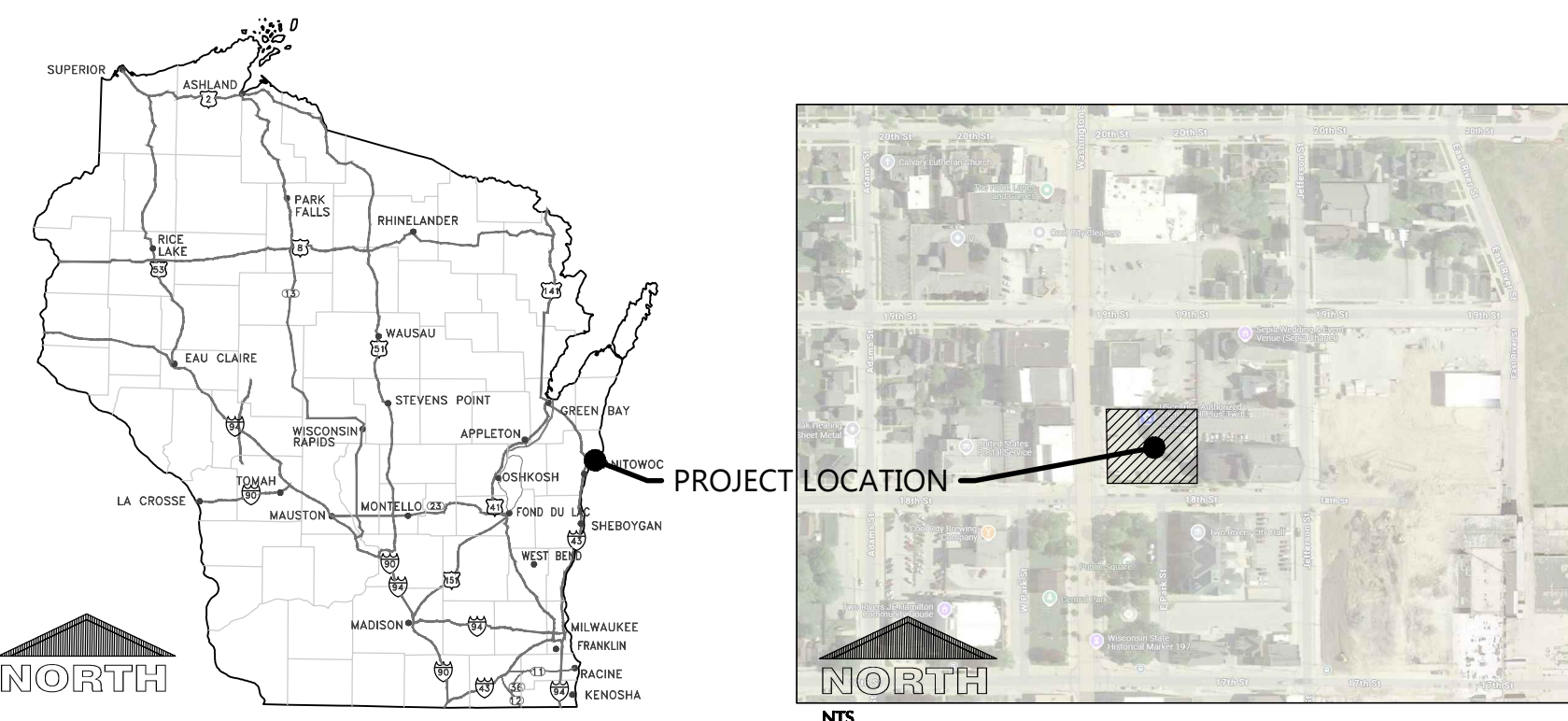
CITY PLANNER:
Elizabeth Runge
Phone: (920)793-5566
E-mail: erunge@two-rivers.org

CITY ENGINEER/DIRECTOR OF PUBLIC WORKS:
Matthew Heckenlaible
Phone: (920)793-5566
E-mail: mathe@two-rivers.org

CITY FIRE CHIEF:
Dave Murack
Phone: (920)793-5521

CITY BUILDING INSPECTOR:
Jane Drager
Phone: (920)793-5566
E-mail: jdrager@two-rivers.org

LOCATION MAP



PROJECT NOTES

GENERAL PROJECT NOTES

- ALL DRIVEWAYS AND CURB CUTS TO BE CONSTRUCTED ACCORDING TO LOCAL ORDINANCES. CONTRACTOR TO OBTAIN ALL NECESSARY PERMITS.
- THE CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL WORK IN ROW PERMITS.

CONSTRUCTION STAKING SERVICES

CONSTRUCTION STAKING SHALL BE COMPLETED BY EXCEL ENGINEERING AS REQUESTED BY THE CONTRACTOR AT THE CONTRACTOR'S EXPENSE. CONTRACTOR TO CONTACT RYAN WILGREEN AT 920-926-9800 OR RYAN.W@EXCELENGINEER.COM TO GET STAKING PRICE TO INCLUDE IN BID TO OWNER. PAYMENT OF STAKING COSTS ABOVE AND BEYOND THE BASE PRICE DUE TO RESTAKING WILL BE THE RESPONSIBILITY OF THE CONTRACTOR, NOT THE OWNER. CAD DRAWING FILES AND SURVEY CONTROL WILL NOT BE PROVIDED FOR STAKING PURPOSES.

SHEET INDEX

SHEETS BELOW INTENDED TO BE PRINTED IN: COLOR. REFER TO DIGITAL FORMAT DRAWINGS IF PRINTED GRAYSCALE TO ENSURE SCOPE CLARITY.

NUMBER	SHEET NAME / DESCRIPTION
C0.1	CIVIL COVER SHEET
C0.2	CIVIL SPECIFICATIONS
C1.0	EXISTING SITE AND DEMOLITION PLAN
C1.1	SITE PLAN
C1.2	GRADING AND EROSION CONTROL PLAN
C1.3	UTILITY PLAN
C1.4	LANDSCAPE AND RESTORATION PLAN
C2.0	DETAILS
C2.1	DETAILS
C3.1	SITE PHOTOMETRIC PLAN & DETAILS

PROJECT INFORMATION

NEW BUILDING FOR:
PACIFIC BELLS LLC
1803 WASHINGTON STREET • TWO RIVERS, WI 54241

PROFESSIONAL SEAL

PRELIMINARY DATES

DEC. 20, 2024
JAN. 22, 2025

JOB NUMBER

240331100

SHEET NUMBER

C0.1

CIVIL COVER SHEET



Always a Better Plan

100 Camelot Drive
Fond du Lac, WI 54935
920-926-9800
excelengineer.com

PROJECT INFORMATION

NEW BUILDING FOR:
PACIFIC BELLS LLC
1803 WASHINGTON STREET • TWO RIVERS, WI 54241

PROFESSIONAL SEAL

PRELIMINARY DATES

DEC. 20, 2024
JAN. 22, 2025

NOT FOR CONSTRUCTION

JOB NUMBER

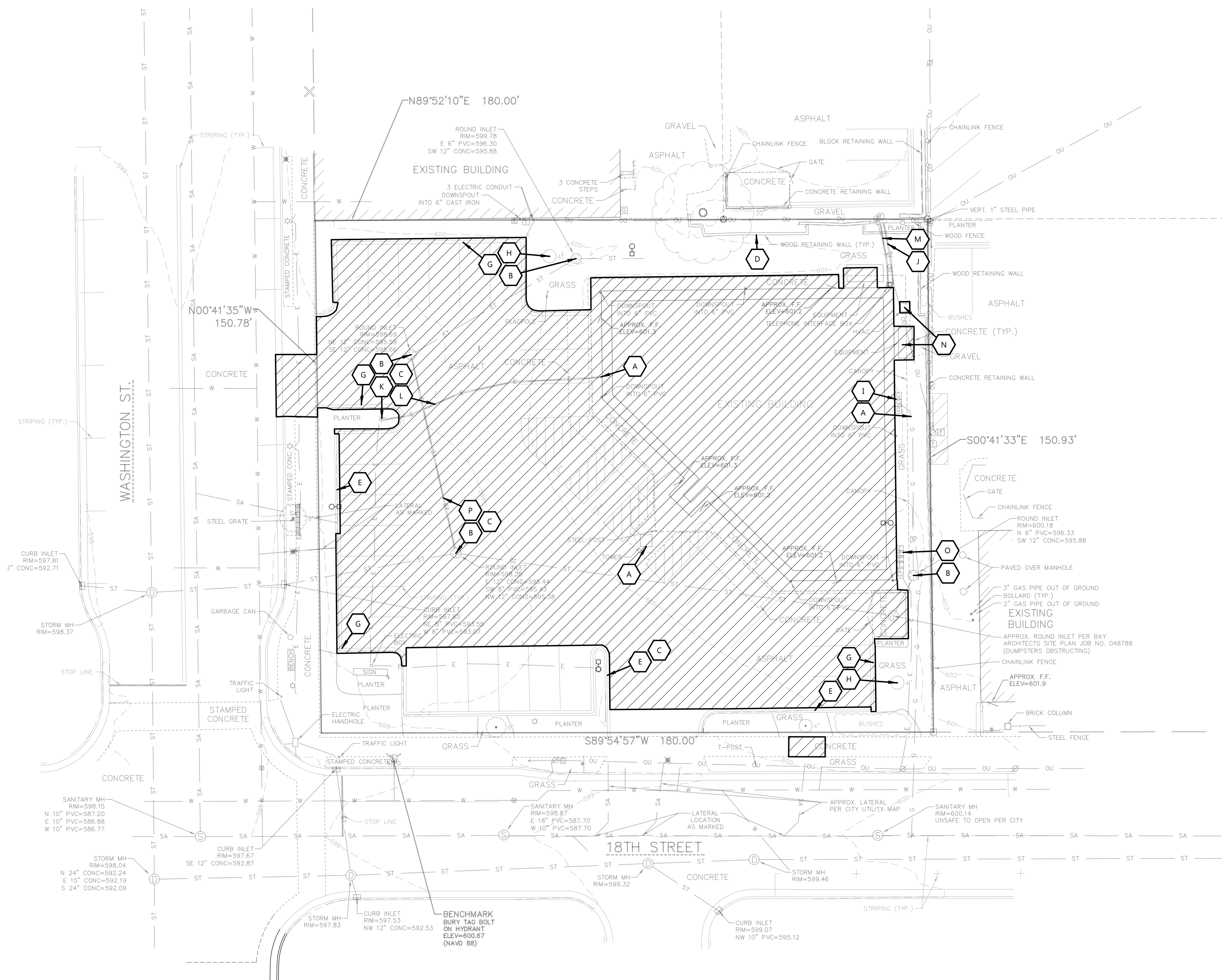
240331100

SHEET NUMBER

C1.0

KEYNOTES

A	REMOVE BUILDING, UTILITY SERVICES, AND ASSOCIATED SITE IMPROVEMENTS
B	PROTECT RIM
C	SAWCUT (AS NECESSARY) AND REMOVE PAVEMENT
D	PROTECT
E	PROTECT CURB
G	REMOVE CURB, SAWCUT (AS NECESSARY)
H	REMOVE TREE
I	REMOVE AND RELOCATE GAS METER
J	CONTRACTOR TO COORDINATE REMOVAL OF TV LINE WITH LOCAL UTILITY
K	REMOVE LIGHT POLE
L	CONTRACTOR TO COORDINATE REMOVAL OF ELECTRIC LINE WITH LOCAL UTILITY
M	CONTRACTOR TO COORDINATE REMOVAL OF TELEPHONE LINE WITH LOCAL UTILITY
N	REMOVE MECHANICAL EQUIPMENT
O	CONTRACTOR TO COORDINATE REMOVAL OF ELECTRICAL EQUIPMENT WITH LOCAL UTILITY
P	CONTRACTOR TO REMOVE 57' OF STORM LINE



CIVIL EXISTING SITE AND DEMOLITION PLAN



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PROJECT INFORMATION

NEW BUILDING FOR:
PACIFIC BELLS LLC
1803 WASHINGTON STREET • TWO RIVERS, WI 54241

PROFESSIONAL SEAL

PRELIMINARY DATES

DEC. 9, 2024
DEC. 20, 2024
JAN. 22, 2025

JOB NUMBER

240331100

SHEET NUMBER

C1.1

GENERAL NOTES:

- CONTRACTOR TO PROVIDE ENGINEER WITH FINAL JOINTING PLAN PRIOR TO CONSTRUCTION.

SITE INFORMATION:

PROPERTY AREA: 27,152 S.F. (0.63 ACRES).
EXISTING ZONING: B-1 BUSINESS
PROPOSED ZONING: B-1 BUSINESS
PROPOSED USE: RESTAURANT WITH DRIVE-THRU
AREA OF SITE DISTURBANCE: 19,946 S.F. (0.45 ACRES)

SETBACKS:
BUILDING: FRONT (WEST) = 0'
SIDE (NORTH) = 0'
REAR (EAST) = 20'
STREET (SOUTH) = 0'

BUFFER YARD:
STREET FRONTAGE (S/W) = 5'
INTERIOR LOT LINE (N/E) = 5'

(MAX. HEIGHT ALLOWED: 75')

PARKING REQUIRED: 1 SPACE PER EACH VEHICLE CONNECTED WITH THE BUSINESS, 1 SPACE FOR OWNER OR MANAGER, 1 SPACE FOR EACH 2 EMPLOYEES ON DUTY WHEN FULLY STAFFED (5 SPACES FOR EMPLOYEES/MANAGER PLUS 13 FOR CUSTOMERS=18 REQ.)
PARKING PROVIDED: 19 SPACES (1 H.C. ACCESSIBLE)
HANDICAP STALLS REQUIRED: 1, **HANDICAP STALLS PROVIDED:** 1

KEYNOTES

1	CONCRETE STOOP (SEE STRUCTURAL PLANS FOR DETAILS)
2	RAISED WALK (SEE DETAIL)
6	ADA CURB RAMP (SEE DETAIL)
7	18" CURB & GUTTER (SEE DETAIL)
10	CURB CUT (SEE DETAIL)
11	CONCRETE TRANSFORMER PAD BY UTILITY SUPPLIER (CONTRACTOR TO VERIFY FINAL LOCATION & DESIGN PRIOR TO CONSTRUCTION)
12	HANDICAP SIGN PER STATE CODE (SEE DETAIL)
13	HANDICAP STALL & STRIPING PER STATE CODES
15	REBRAND EXISTING MONUMENT SIGN (DETAILS, FINAL LOCATION, & APPROVAL BY SIGN VENDOR)
16	DUMPSTER ENCLOSURE (SEE ARCH PLANS FOR DETAILS)
21	DETECTABLE WARNING PLATE PER STATE CODE
22	TRAFFIC FLOW ARROWS (TYP). COLOR TO MATCH PARKING STALL STRIPING
24	MENU BOARD AND CANOPY. DETAIL BY SUPPLIER.
26	12'X 30' LOADING ZONE
27	SIGHT VISION TRIANGLE OF EXISTING MURAL FROM INTERSECTION OF WASHINGTON AND 18TH
28	EXISTING MURAL
29	CLEARANCE BAR AND BOLLARD WITH DRIVE-THRU SIGN

EXISTING SITE DATA

	AREA (AC)	AREA (SF)	RATIO
BUILDING FLOOR AREA	0.14	5,972	22.0%
PAVEMENT (ASP. & CONC.)	0.45	19,486	71.8%
TOTAL IMPERVIOUS	0.58	25,458	93.8%
LANDSCAPE/ OPEN SPACE	0.04	1,694	6.2%
PROJECT SITE	0.62	27,152	100.0%

PROPOSED SITE DATA

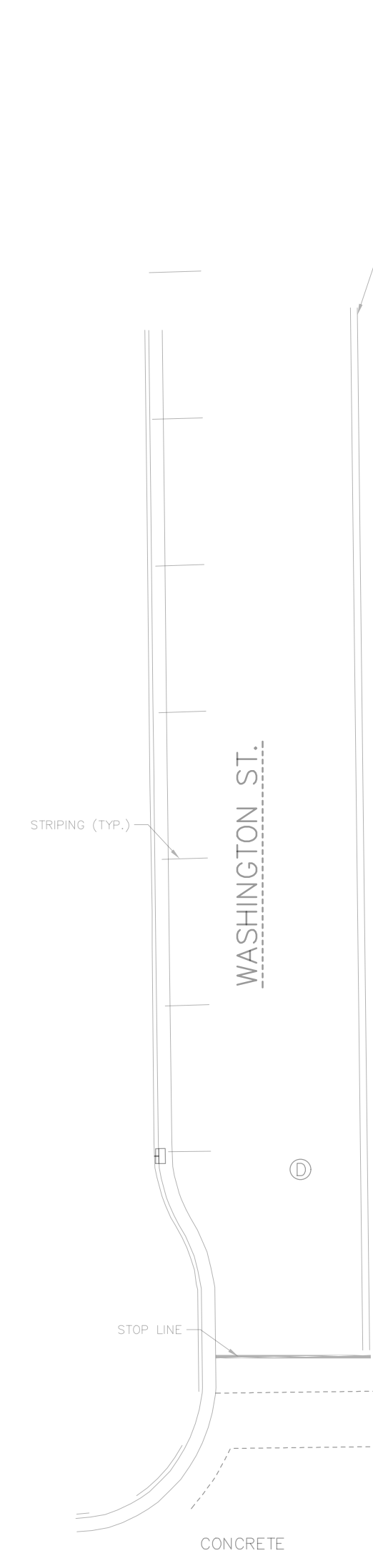
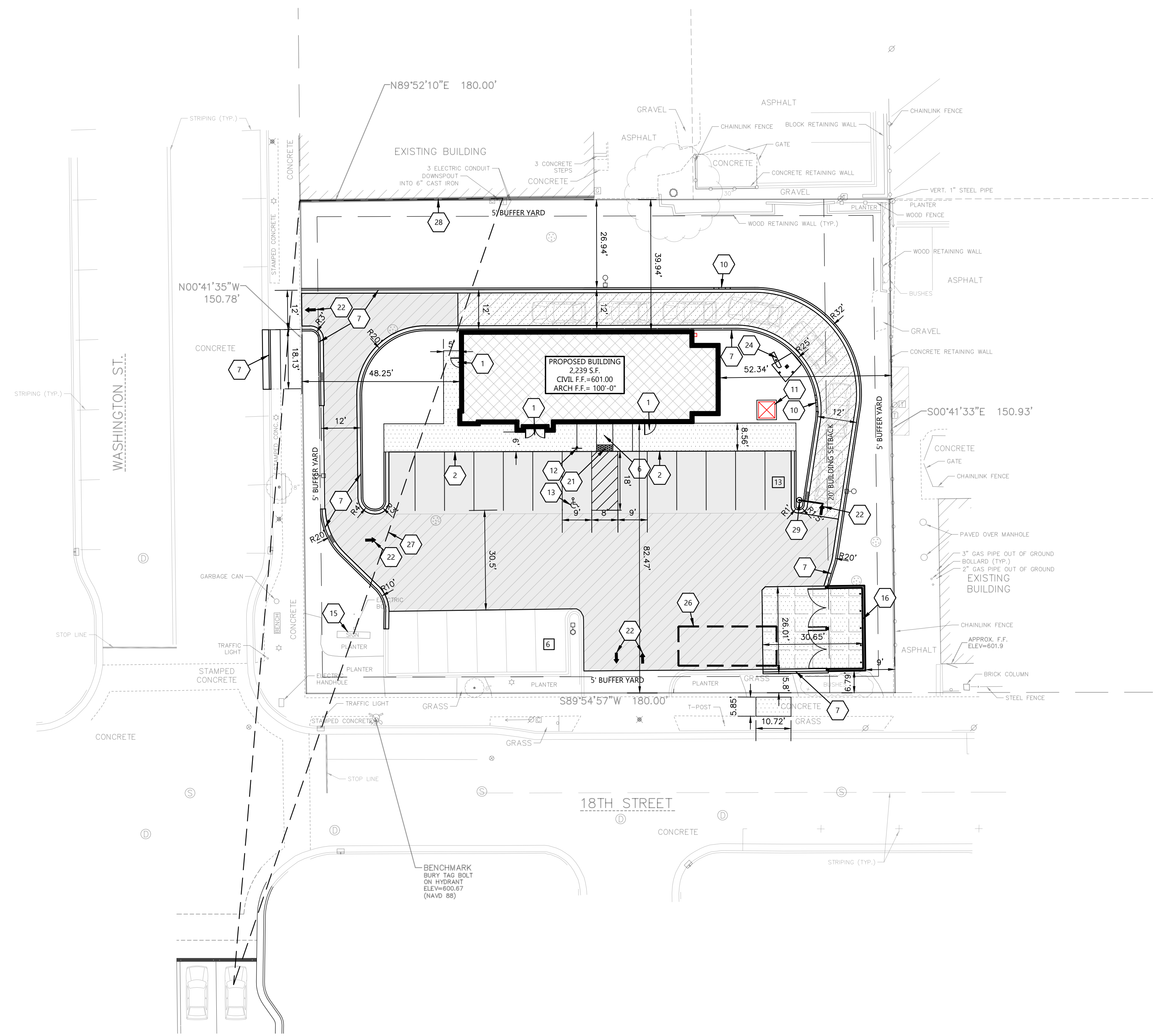
	AREA (AC)	AREA (SF)	RATIO
BUILDING FLOOR AREA	0.05	2,239	8.2%
PAVEMENT (ASP. & CONC.)	0.33	14,471	53.3%
TOTAL IMPERVIOUS	0.38	16,710	61.5%
LANDSCAPE/ OPEN SPACE	0.24	10,442	38.5%
PROJECT SITE	0.62	27,152	100.0%

LEGEND:

HATCH	PAVEMENT SECTION
[Hatch Pattern]	STANDARD ASPHALT
[Hatch Pattern]	HEAVY DUTY ASPHALT
[Hatch Pattern]	SIDEWALK CONCRETE
[Hatch Pattern]	HEAVY DUTY CONCRETE
[Hatch Pattern]	DUMPSTER PAD CONCRETE



CIVIL SITE PLAN





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GENERAL NOTES:

- HANDICAP STALL AND ACCESS AISLES SHALL NOT EXCEED A SLOPE OF 1.50% IN ANY DIRECTION. HANDICAP STALL & ACCESS AISLES SHALL CONFORM TO ADA REQUIREMENTS (CURRENT EDITION)
- ALL SIDEWALKS SHALL NOT EXCEED A MAXIMUM CROSS SLOPE OF 1.50% AND RUNNING SLOPE OF 4.50% UNLESS OTHERWISE SPECIFIED.
- CONTRACTOR SHALL PROVIDE STABILIZED CONSTRUCTION ENTRANCE AT CONSTRUCTION ENTRANCE FOR PROPOSED IMPROVEMENTS AS REQUIRED PER CODE.
- CONTRACTOR SHALL PROVIDE CONCRETE WASHOUT AS REQUIRED PER CODE. FINAL LOCATION TBD BY CONTRACTOR.
- CONTRACTOR SHALL PROVIDE TEMPORARY INLET PROTECTION FOR ALL CURB INLETS & CATCH BASINS ONSITE & OFFSITE IMMEDIATELY DOWNSTREAM OF THE PROJECT SITE PER LOCAL CODE.

KEYNOTES

EC 1	SILT FENCE
EC 2	DITCH CHECK
EC 3	STABILIZED CONSTRUCTION ENTRANCE
EC 4	INLET PROTECTION
EC 5	SEDIMENT LOG

PROJECT INFORMATION

NEW BUILDING FOR:
PACIFIC BELLS LLC
1803 WASHINGTON STREET • TWO RIVERS, WI 54241

PROFESSIONAL SEAL

PRELIMINARY DATES

DEC. 20, 2024
JAN. 22, 2025

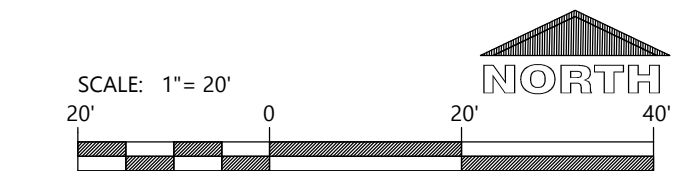
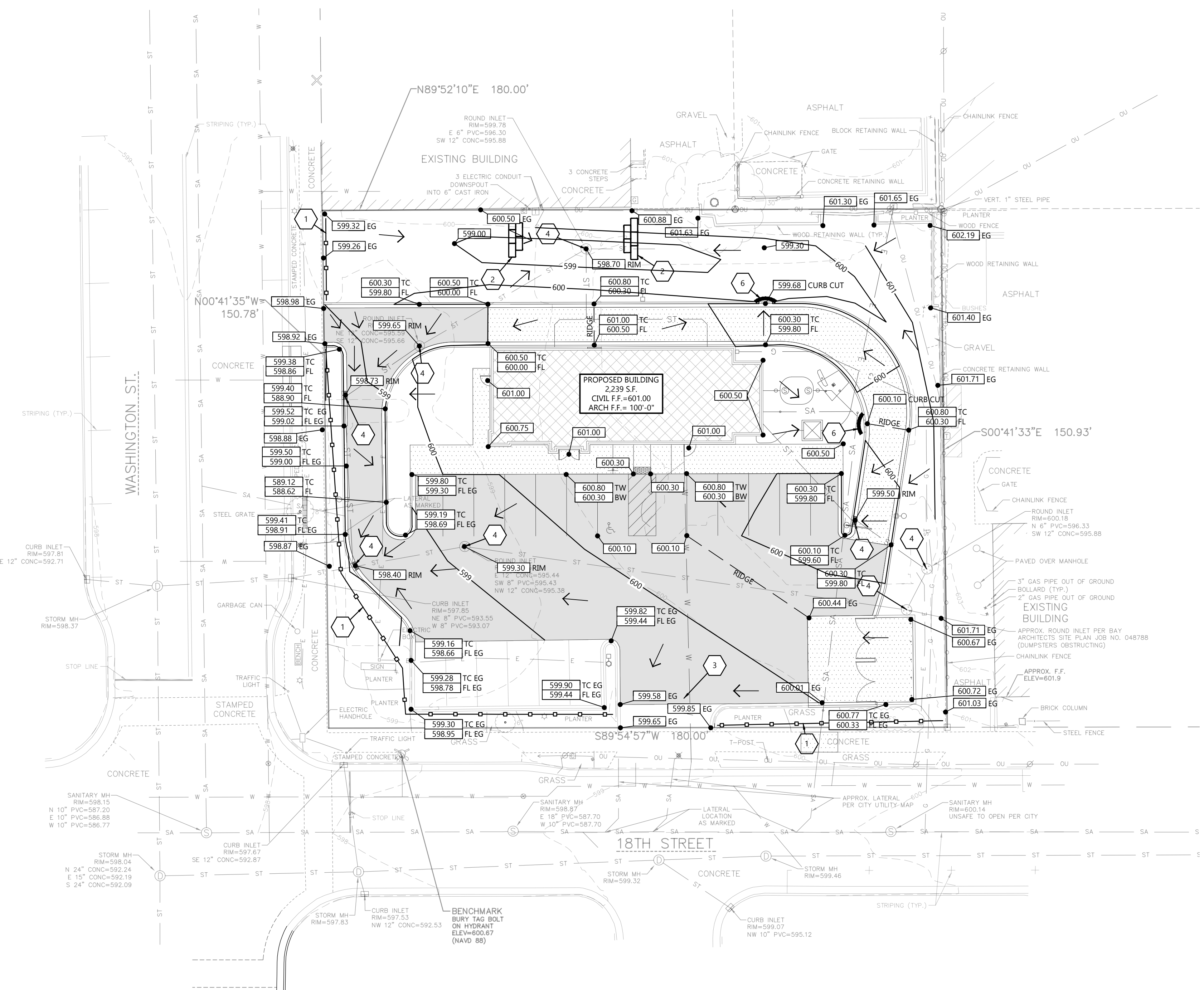
NOT FOR CONSTRUCTION

JOB NUMBER

240331100

SHEET NUMBER

C1.2



CIVIL GRADING AND EROSION CONTROL PLAN



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PROFESSIONAL SEAL

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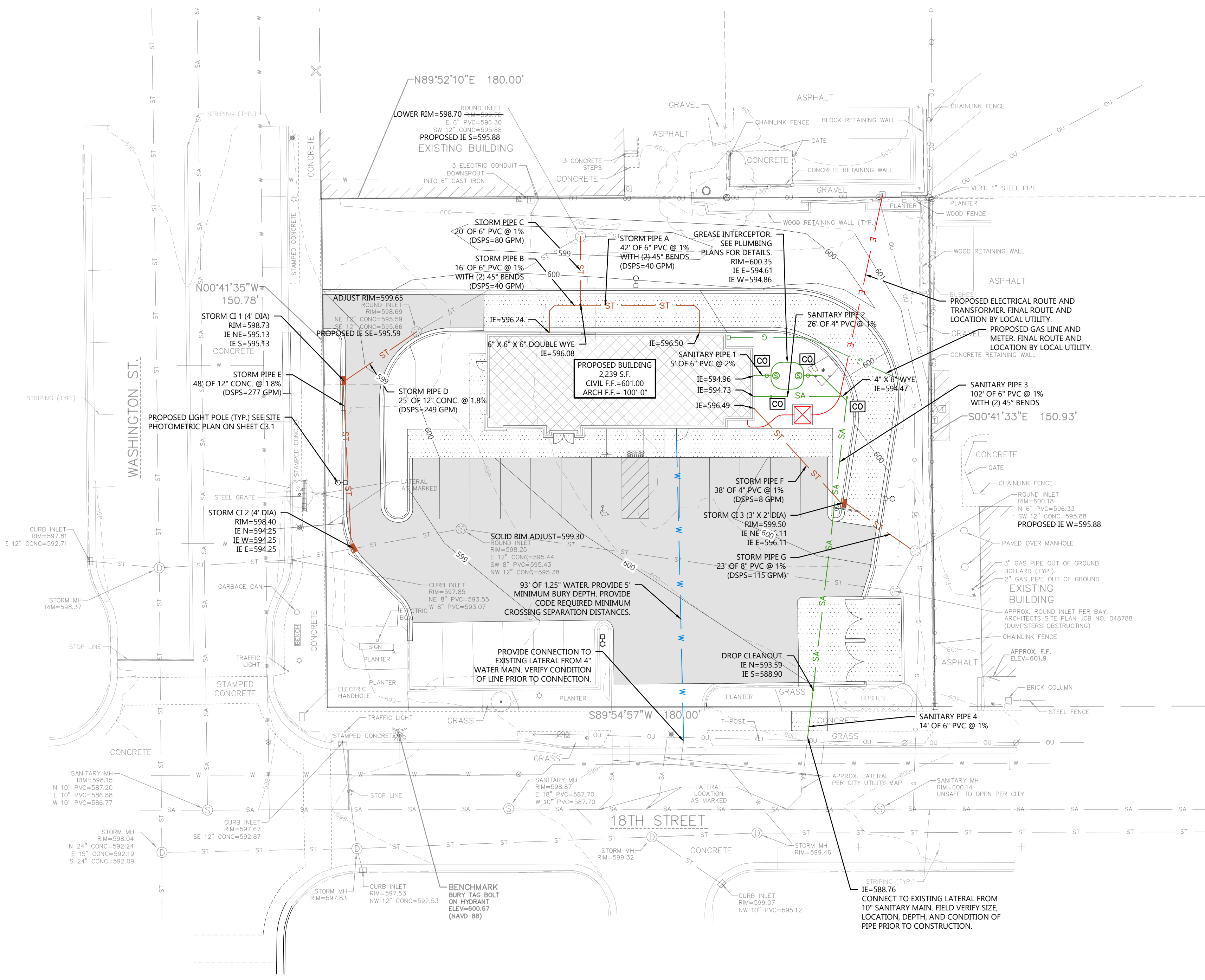
NOT FOR CONSTRUCTION

JOB NUMBER

240331100

SHEET NUMBER

C1.3



CIVIL UTILITY PLAN



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PRELIMINARY DATES

JAN. 22, 2025

NOT FOR CONSTRUCTION

JOB NUMBER

240331100

SHEET NUMBER

C1.4

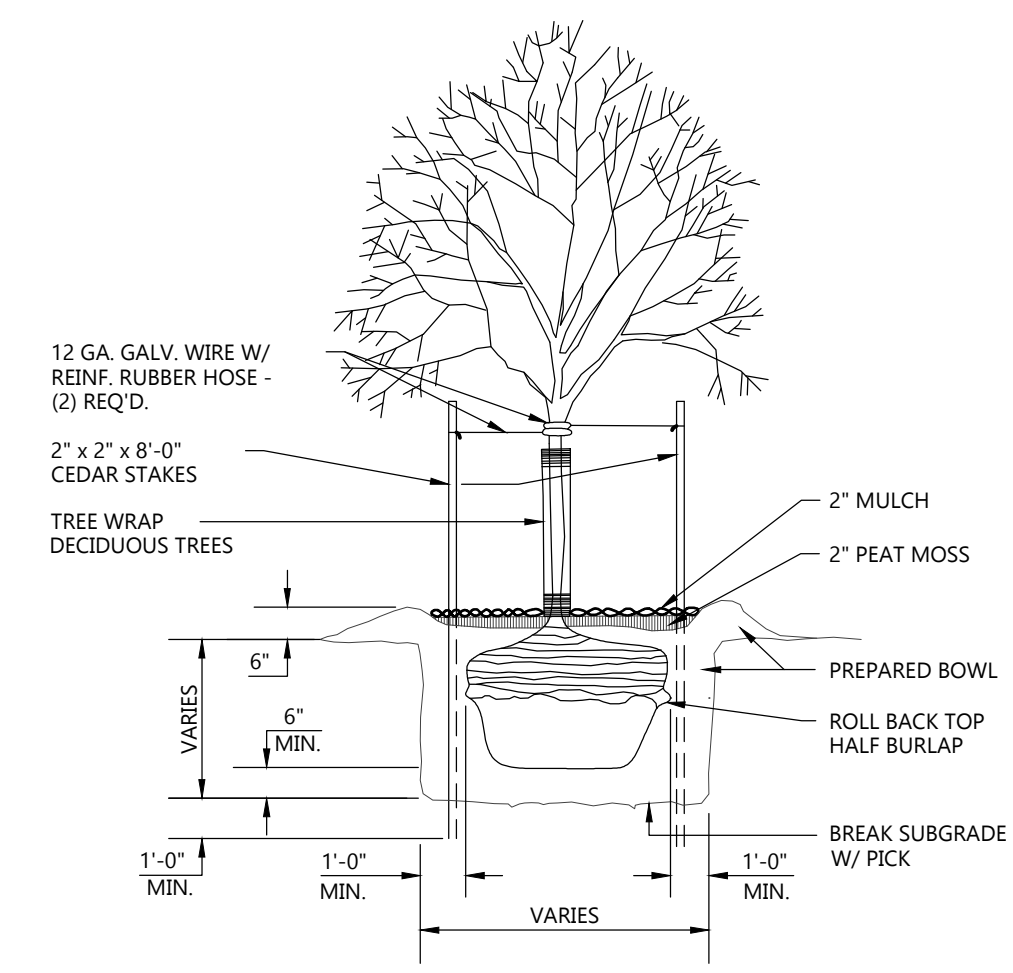
LANDSCAPING PLANTING SCHEDULE					
SYMBOL	COMMON NAME	BOTANICAL NAME	QUANTITY	PLANTED SIZE	ROOT
DECIDUOUS TREES					
☼	Lancelot Crabapple	Malus 'Lanzam'	1	5 GAL.	CONT.
EVERGREEN TREES					
☼	Arborvitae - Nigra	Thuja occidentalis 'Nigra'	8	5 GAL.	CONT.
EXISTING SHRUBS					
○	Existing Vegetation to Remain	--	45	--	--
DECIDUOUS SHRUBS					
☼	Goldmound Spirea	Spiraea x bumalda 'Goldmound'	8	18" HT.	CONT.
PERENNIALS					
☼	Happy Returns Daylily	Hemerocallis 'Happy Returns'	14	1 GAL.	POT
☼	Garden Sage	Salvia officinalis	19	1 GAL.	POT
☼	Rosemary	Rosmarinus officinalis	14	1 GAL.	POT

LANDSCAPING CALCULATIONS		
ZONE	REQ. PLANTS	PLANTS PROVIDED
INTERIOR LANDSCAPING	8,808 SF OF PARKING AREA / 19 TOTAL SPACES - INTERIOR LANDSCAPING SHALL BE AT LEAST 4% OF THE TOTAL SURFACE PARKING AREA - 1 TREE PER 10 PARKING SPACES REQUIRED: 352 SF OF LANDSCAPING / 2 TREES	PROVIDED: 590 SF EXISTING / 51 SF PROPOSED = 641 SF 1 EXISTING / 1 PROPOSED TREE = 2 TREES

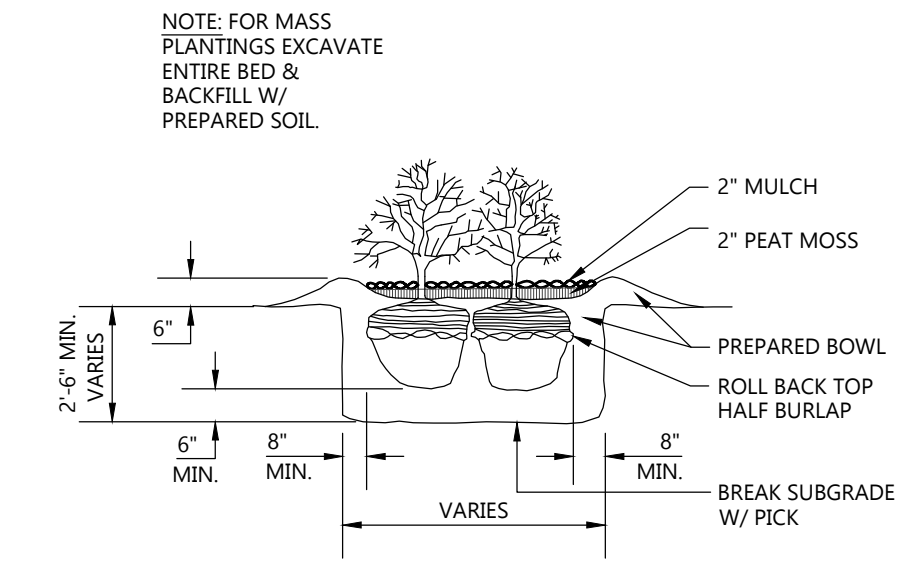
- GENERAL NOTES:**
- PROTECT ALL EXISTING VEGETATION TO REMAIN SHOWN ON PLAN AND REPLACE IN KIND IF DAMAGED OR REMOVED.
 - AREAS OF SOD SHOWN ALONG OUTER DRIVE AISLE ARE ESTIMATED BASED ON PROPOSED DEMOLITION AREAS. REPLACE DISTURBED LAWN AREA WITH SOD AS NEEDED.

HATCH KEY:

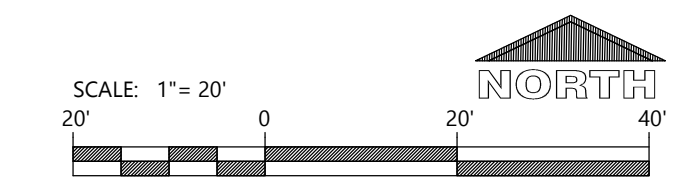
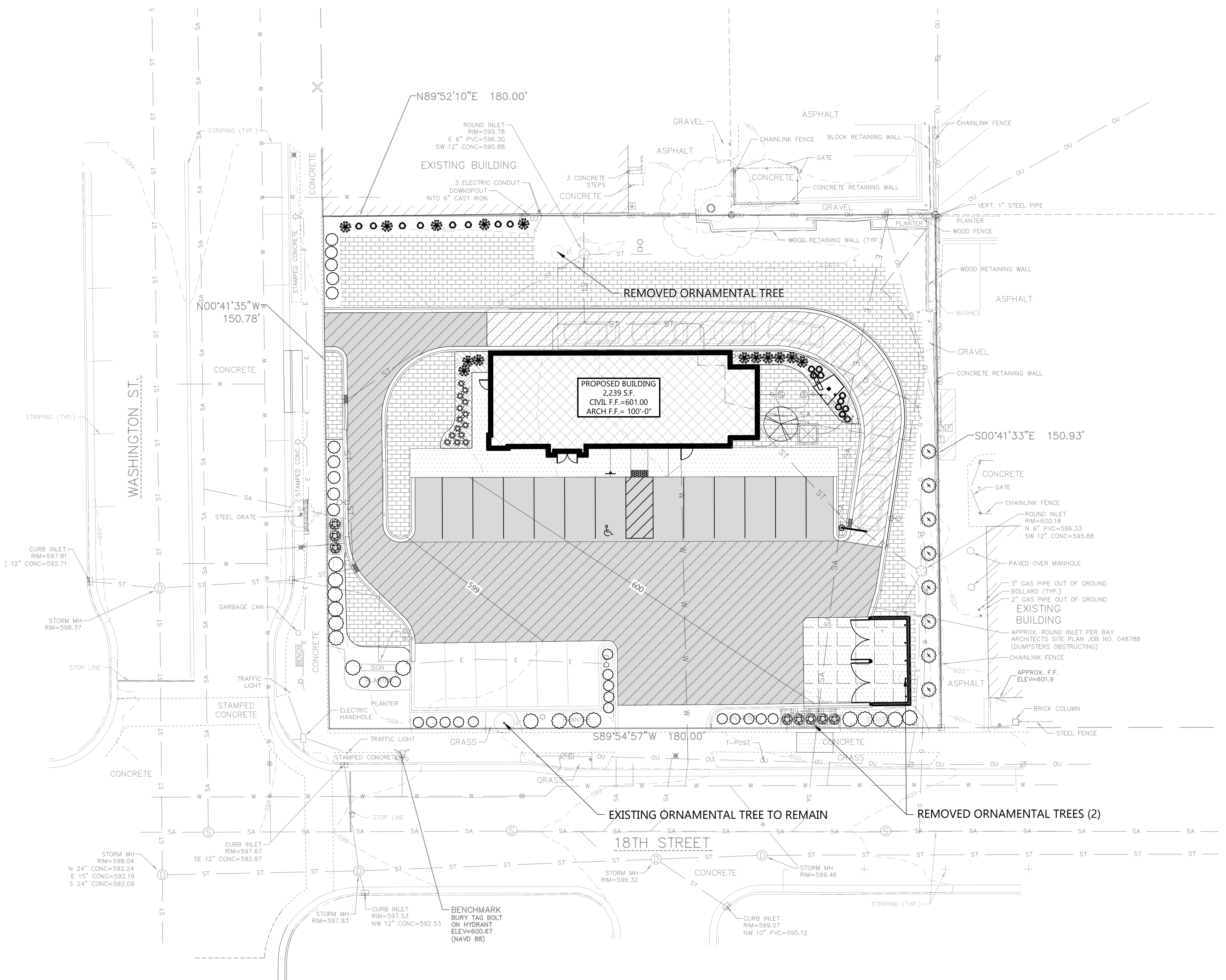
HATCH	LANDSCAPE MATERIAL
	MINERAL MULCH (RIVER GRAY ROCK)
	ORGANIC MULCH (TO MATCH EXISTING)
	SODDED LAWN (TO MATCH EXISTING LAWN)



TREE PLANTING DETAIL
NOT TO SCALE



SHRUB PLANTING DETAIL
NOT TO SCALE





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JAN. 22, 2025

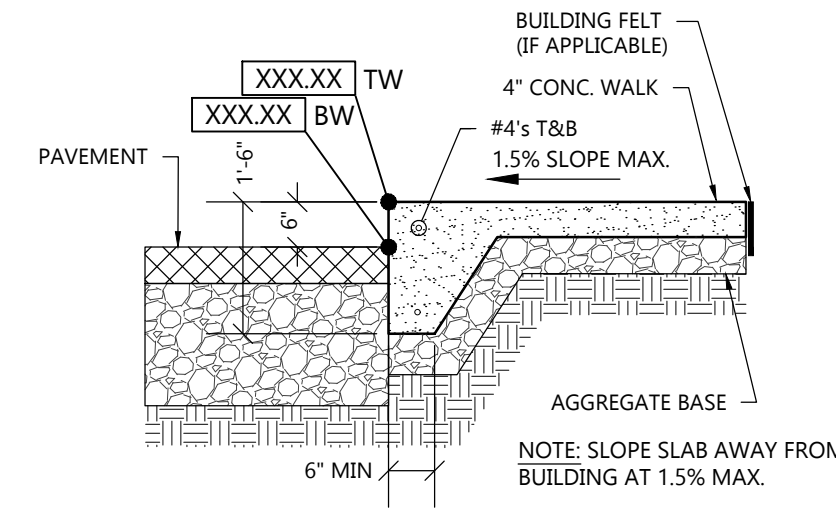
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JOB NUMBER

240331100

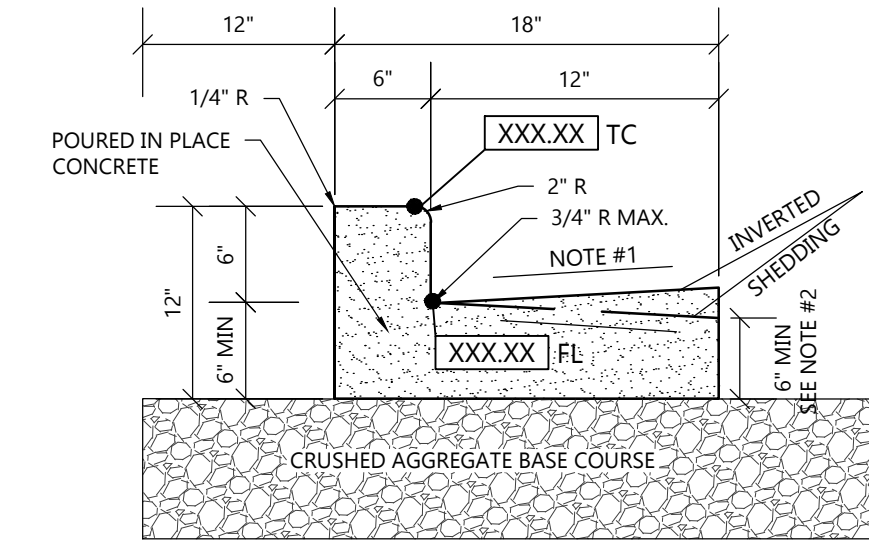
SHEET NUMBER

C2.0



RAISED WALK DETAIL

NOT TO SCALE

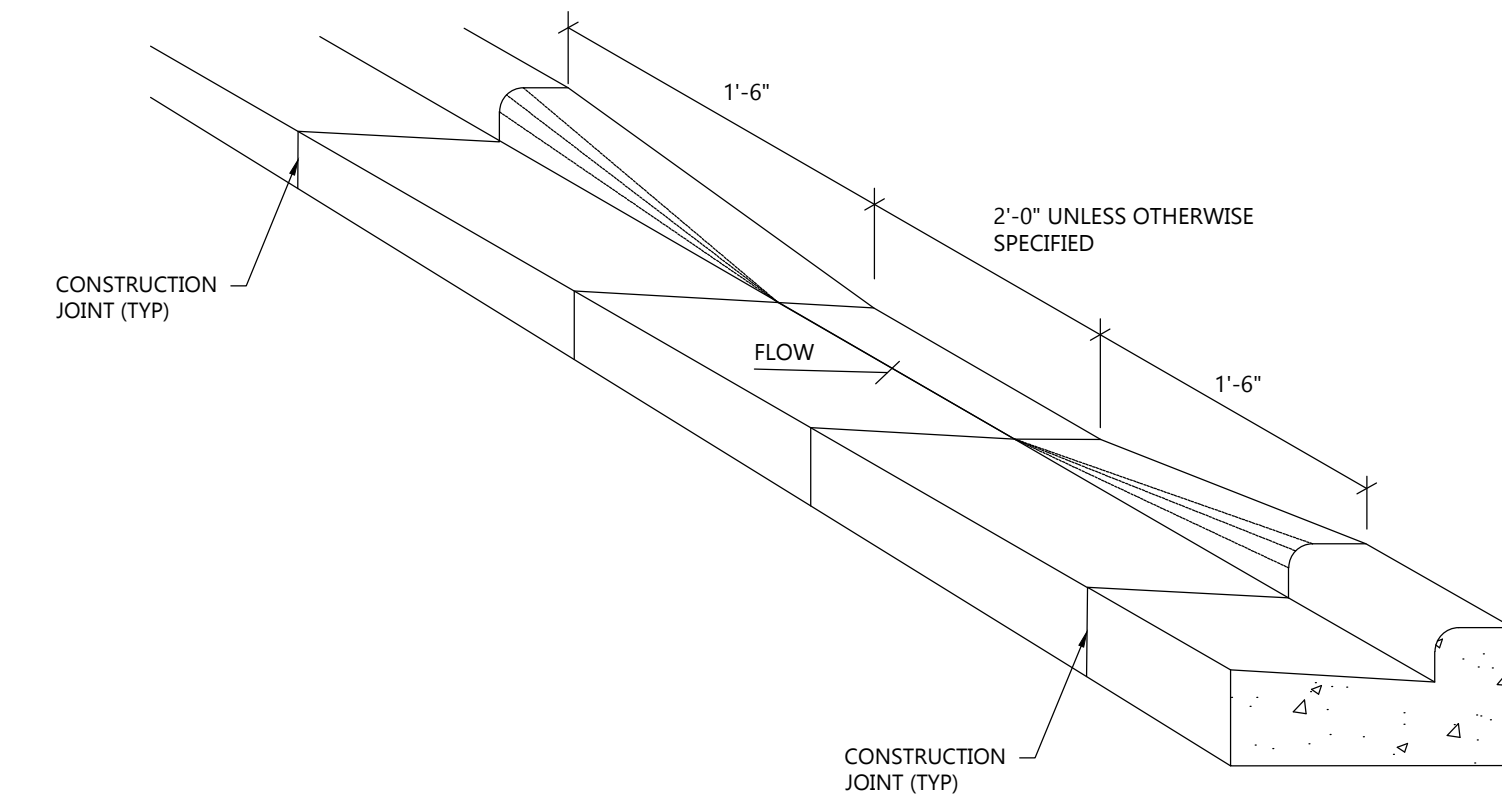


NOTE:

1. USE 4% GUTTER CROSS SLOPE UNLESS OTHERWISE NOTED IN THE PLANS.
2. THE BOTTOM OF CURB AND GUTTER MAY BE CONSTRUCTED EITHER LEVEL OR PARALLEL TO THE SLOPE OF THE SUBGRADE OR BASE AGGREGATE PROVIDED A 6" MIN. GUTTER THICKNESS IS MAINTAINED.
3. SEE SITE PLAN & GRADING PLAN FOR INVERTED & SHEDDING CURB LOCATIONS

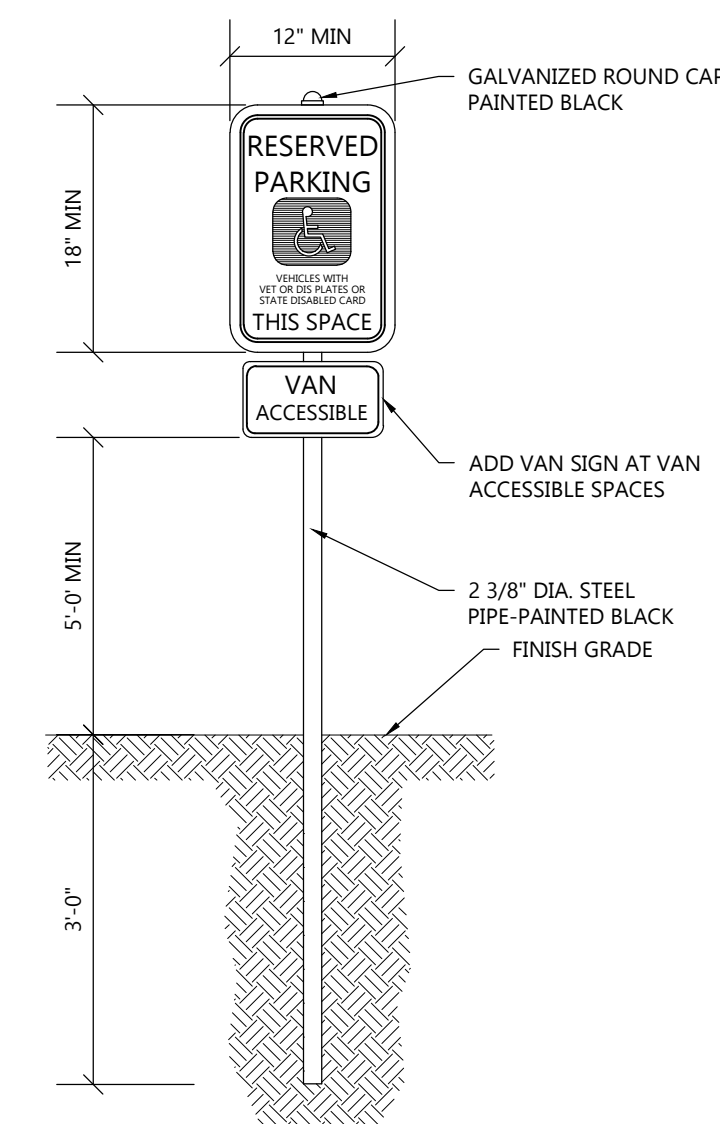
18" CONCRETE CURB & GUTTER DETAIL

NOT TO SCALE



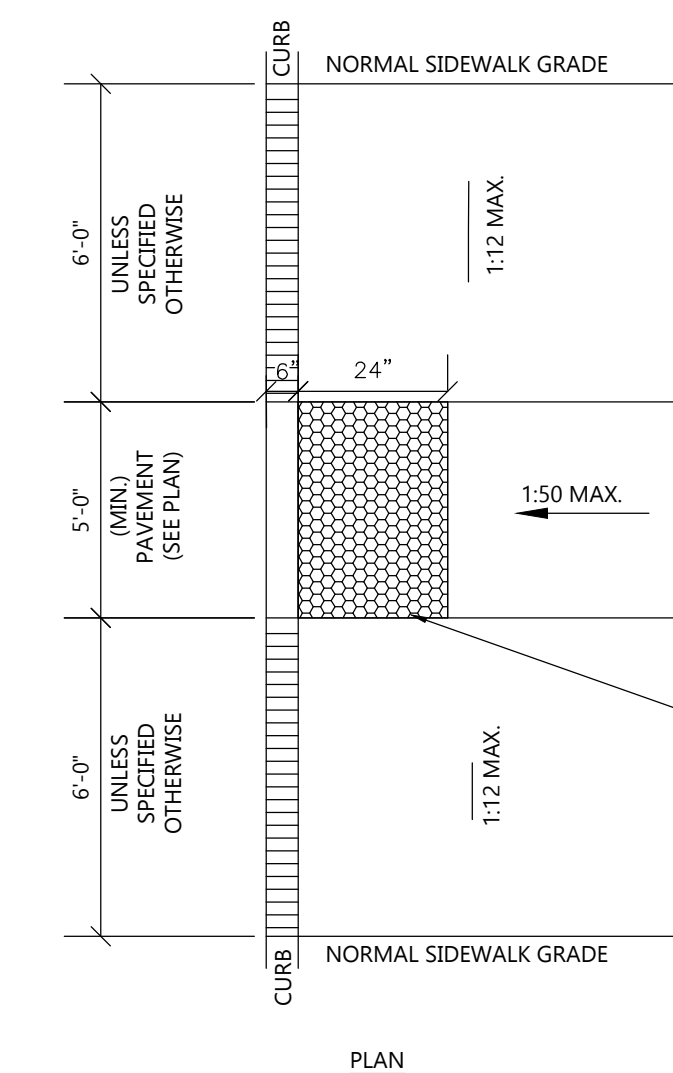
CURB CUT DETAIL

NOT TO SCALE



HANDICAP SIGNAGE WITHOUT CONCRETE BASE DETAIL

NOT TO SCALE



ADA SIDEWALK RAMP DETAIL

NOT TO SCALE

CIVIL DETAILS



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PROFESSIONAL SEAL

PRELIMINARY DATES

DEC. 20, 2024
JAN. 22, 2025

NOT FOR CONSTRUCTION

JOB NUMBER

240331100

SHEET NUMBER

C3.1

Catalog #: _____ Project: _____
Prepared By: _____ Date: _____ Type: _____

Mirada Medium (MRM)
Outdoor LED Area Light



OVERVIEW	
Lumen Package	7000 - 48,000
Wattage Range	48 - 401
Efficacy Range (LPW)	117 - 160
Weight (lbs/kg)	30 (13.6)

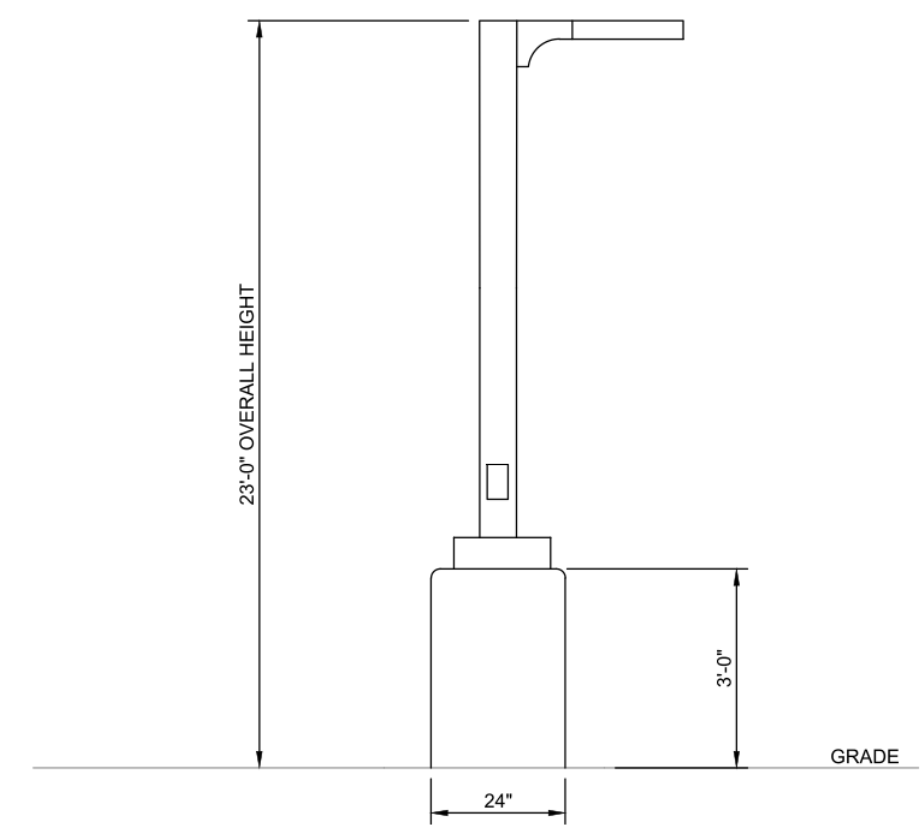
QUICK LINKS

Ordering Guide	Performance	Photometrics	Dimensions
----------------	-------------	--------------	------------

FEATURES & SPECIFICATIONS

- | | | |
|---|--|---|
| <p>Construction</p> <ul style="list-style-type: none"> Rugged die-cast aluminum housing contains factory prewired driver and optical unit. Cast aluminum wiring access door located underneath. Designed to mount to square or round poles. Fixtures are finished with LSI's DuraGrip polyester powder coat finishing process. The DuraGrip finish withstands extreme weather changes without cracking or peeling. Other standard LSI finishes available. Consult factory. Shipping weight: 37 lbs in carton. <p>Optical System</p> <ul style="list-style-type: none"> State-of-the-Art one piece silicone optic sheet delivers industry leading optical control with an integrated gasket to provide IP66 rated sealed optical chamber in 1 component. Proprietary silicone refractor optics provide exceptional coverage and uniformity in IES Types 2, 3, 5W, FT, FTx and AM. Silicone optical material does not yellow or crack with age and provides a typical light transmittance of 93%. Zero uplight. Available in 5000K, 4000K, and 3000K color temperatures per ANSI C78.377. Also available in Phosphor Converted Amber with Peak Intensity at 600nm. Minimum CRI of 70. Integral louver (L) and house-side shield (H) options available for improved backlight control without sacrificing street side performance. See page 3 for more details. | <p>Electrical</p> <ul style="list-style-type: none"> High-performance programmable driver features over-voltage, under-voltage, short-circuit and over temperature protection. Custom lumen and wattage packages available. 0-10V dimming (0% - 100%) standard. Standard Universal Voltage (120-277 Vac) Input 50/60 Hz or optional High Voltage (347-480 Vac). LED Calculated Life: >100K Hours (See Lumen Maintenance on Page 5) Total harmonic distortion: <20% Operating temperature: -40°C to +50°C (-40°F to +122°F). 42L and 48L lumen packages rated to +40°C. Power factor: >90 Input power stays constant over life. Field replaceable MOV surge protection device meets a minimum Category C Low operation (per ANSI/IEEE C82.41.2). High-efficiency LEDs mounted to metal-core circuit board to maximize heat dissipation Components are fully encased in potting material for moisture resistance. Driver and key electronic components can easily be accessed. <p>Controls</p> <ul style="list-style-type: none"> Optional integral passive infrared Bluetooth™ motion and photocell sensor (see page 9 for more details). Fixtures operate independently and can be commissioned via iOS or Android configuration app. LSI's AirLink™ wireless control system options reduce energy and maintenance costs while optimizing light quality 24/7. (see page 9 for more details). | <p>Installation</p> <ul style="list-style-type: none"> Designed to mount to square or round poles. A single fastener secures the hinged door, underneath the housing and provides quick & easy access to the electrical compartment. Included terminal block accepts up to 12 ga wire. Utilizes LSI's traditional 3" drill pattern B3 for easy fastening of LSI products. (See drawing on page 9) <p>Warranty</p> <ul style="list-style-type: none"> LSI LED Fixtures carry a 5-year warranty. <p>Listings</p> <ul style="list-style-type: none"> Listed to UL 1598 and UL 8750. Meets Buy American Act requirements. IP66 compliant, with 3000K color temperature selection. Table 24 Compliant; see local ordinance for qualification information. Suitable for wet locations. IP66 rated Luminaire per IEC 60598. 3G rated for ANSI C136.31 high vibration applications are qualified. DesignLights Consortium™ (DLC) qualified product. Not all versions of this product may be DLC qualified. Please check the DLC Qualified Products List at www.designlights.org/DLC to confirm which versions are qualified. Patented Silicone Optics (US Patent NO. 10,896,852) IK08 rated luminaire per IEC 60626 mechanical impact code <p>Specifications and dimensions subject to change without notice.</p> |
|---|--|---|

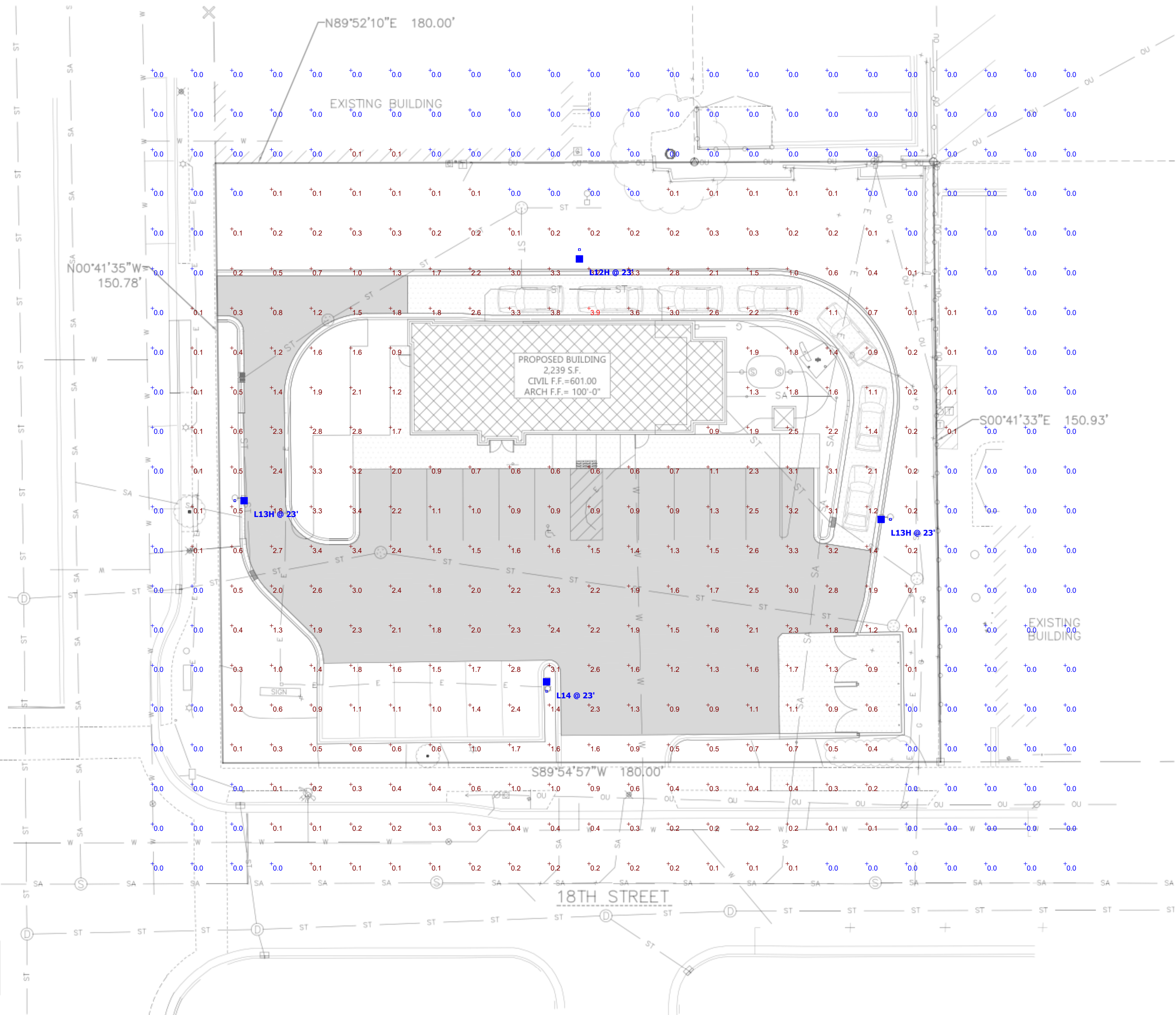
LSI Industries Inc. 10000 Alliance Rd. Cincinnati, OH 45242 • www.lsicorp.com
Page 1/9 Rev. 09/08/21
SPEC. 3445-A-1920



LIGHT POLE DETAIL
NO SCALE

Symbol	Label	Quantity	Manufacturer	Catalog Number	Number Lamps	Lumens Per Lamp	Light Loss Factor	Wattage
□	L14	1	LSI INDUSTRIES, INC.	MRM-LED-12L-SIL-FT-40-70CRI	1	13143	1	85
□	L13H	2	LSI INDUSTRIES, INC.	MRM-LED-12L-SIL-3-40-70CRI-IL	1	9143	1	85
□	L12H	1	LSI INDUSTRIES, INC.	MRM-LED-12L-SIL-2-30-70CRI-IL	1	7985	1	85

Statistics						
Description	Symbol	Avg	Max	Min	Max/Min	Avg/Min
Calc Zone #2	+	0.7 fc	3.9 fc	0.0 fc	N/A	N/A



CIVIL SITE PHOTOMETRIC PLAN & DETAILS



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PROJECT INFORMATION

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PACIFIC BELLS LLC
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PROFESSIONAL SEAL

PRELIMINARY DATES

DEC. 20, 2024

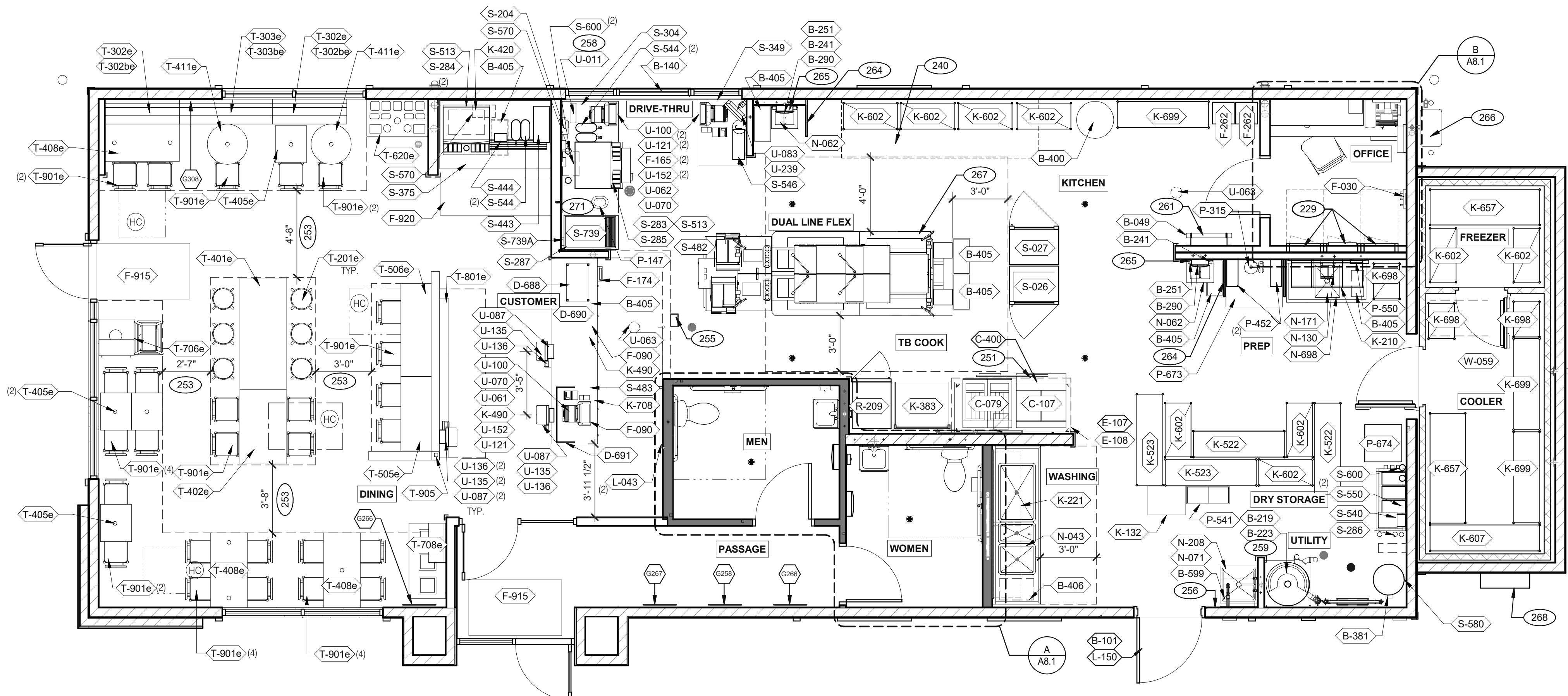
NOT FOR CONSTRUCTION

JOB NUMBER

240331100

SHEET NUMBER

A2.0



EQUIPMENT AND SEATING PLAN 1/4" = 1'-0" **A**

TAG	QTY	ITEM DESCRIPTION
D-688	1	COUNTER MOUNT MOBILE SHELVING
D-690	1	SERVICE COUNTER
D-700	11	28.5" H CORE DRILL TABLE BASE
T-201e	6	BARREL BARSTOOL - 29 PURPLE WOOD SEAT
T-302be	2	BENCH BACK REST - 48"
T-302e	2	BENCH SEAT - 48"
T-303be	1	BENCH BACK REST - 60"
T-303e	1	BENCH SEAT - 60"
T-401e	1	HUB TABLE - 72" - HIGH TOP
T-402e	1	HUB TABLE - 48" - ADA
T-405e	4	LAMINATE TABLE - 24 X 20 X 30 - 2 TOP
T-408e	3	LAMINATE TABLE ADA - 24 X 48 X 30 - 4 TOP
T-411e	2	SS TABLE - 24 DIA X 30 - 2 TOP
T-505e	1	COUNTER TOP - 48" X 20" X 30"
T-506e	1	COUNTER TOP - 60" X 20" X 30"
T-620e	1	CONDIMENT COUNTER - RECTANGLE

FURNITURE PACKAGE - BY FURNITURE VENDOR U.O.N. **E**

TAG	QTY	ITEM DESCRIPTION
T-706e	1	WASTE ENCLOSURE - SINGLE
T-708e	1	WASTE ENCLOSURE - 3 STREAM
T-801e	1	KIOSK 1/2 TOWER
T-901e	27	CHAIR - LAMINATE SEAT
T-905	1	POWER POLE

QTY.	NAME	FAMILY	FRAME OR MURAI	SIZE	LOCATION
1	CONCRETE GRAFFITI	C	M01	H6-4" x W17-6 1/2"	SEE A8.0
2	TACO TYPE	C	F01	28x40	SEE A8.0
1	TACO TYPE	C	F01	28x40	SEE A8.0
1	ANSWER IS TACOS	C	F01	28x40	SEE A8.0
2	CHALK BOARD GRAFFITI	C	M02	48x96	SEE A4.0 & A4.1
1	CHALK BOARD GRAFFITI	C	M02	48x96	SEE A4.0
1	CHALK BOARD GRAFFITI	C	M02	48x96	SEE A4.1

ARTWORK SCHEDULE **D**

STORAGE TYPE	LINEAR FT.
DRY STORAGE	46
COLD STORAGE	26
FROZEN STORAGE	12

SHELVING QUANTITIES **C2**

DECOR
1. REFER TO SC SHEETS FOR SCOPE OF WORK RESPONSIBILITY
2. (HC) - SYMBOL DENOTES A HANDICAP ACCESSIBLE TABLE.

GENERAL NOTES **C1**

STORAGE TYPE	LINEAR FT.
DRY STORAGE	46
COLD STORAGE	26
FROZEN STORAGE	12

- 229 ELECTRICAL PANELS.
- 240 FUTURE I-LINE FLEX.
- 251 HOOD FIRE SUPPRESSION SYSTEM (ANSUL R-102 OR EQUAL).
- 253 MAINTAIN 36" MIN. CLEAR ACCESSIBLE AISLE EGRESS PATHS TO EXIT DOORS, 32" AT DOORWAYS AND CASED OPENINGS. (42" AISLE REQUIRED WHEN AISLE SERVES MORE THAN 50 SEATS).
- 255 ALERT LIGHT BOX FOR 3-COMP POWER SOAK.
- 256 PULL STATION @ 3'-8" A.F.F.
- 258 COORDINATE LOCATION OF HORIZONTAL PVC SYRUP CHASE THRU WALL TO COUNTER.
- 259 6" HIGH WATER HEATER PLATFORM.
- 261 ROOF LADDER WITH BILCO LADDER UP SAFETY POST.
- 264 SPLASH GUARD.
- 265 AUTOMATIC HAND SOAP AND SANITIZER DISPENSERS PROVIDED BY ECOLAB.
- 266 GAS METER.
- 267 FOR DUAL-FLEX LINE AND I-FLEX LINE SUB-EQUIPMENT SEE SHEET A8.3.
- 268 ELECTRICAL EQUIPMENT. SEE ELECTRICAL DRAWINGS.
- 271 WALL MOUNTED 32" MANAGER MONITOR. PROVIDE POWER AND DATA.

KEY NOTES **B**



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PROFESSIONAL SEAL

PRELIMINARY DATES

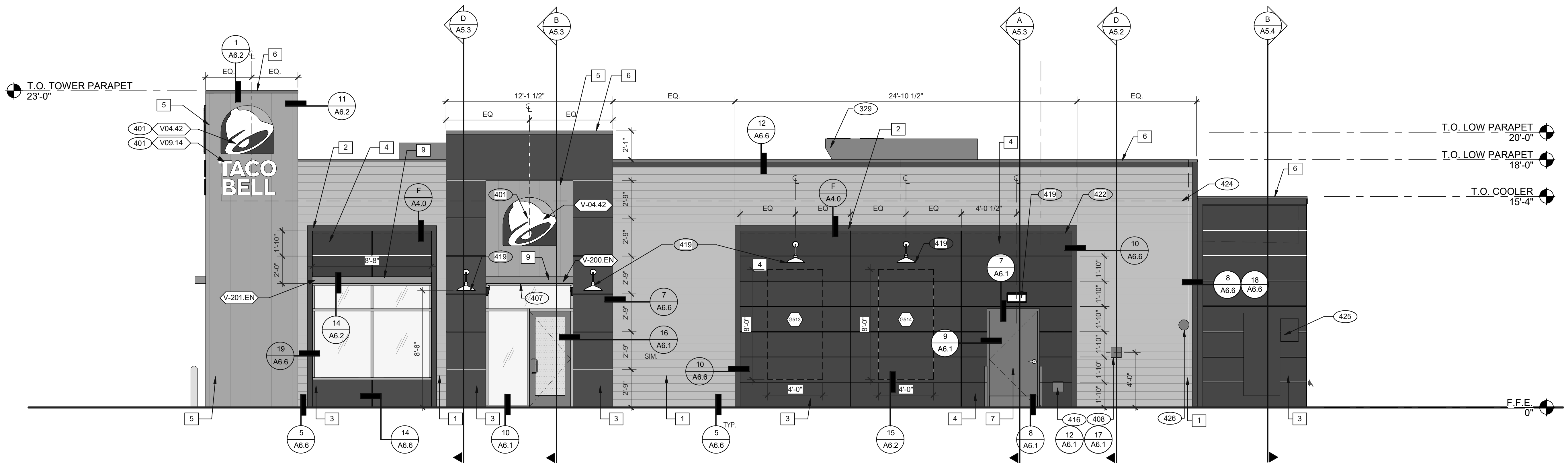
DEC. 20, 2024

JOB NUMBER

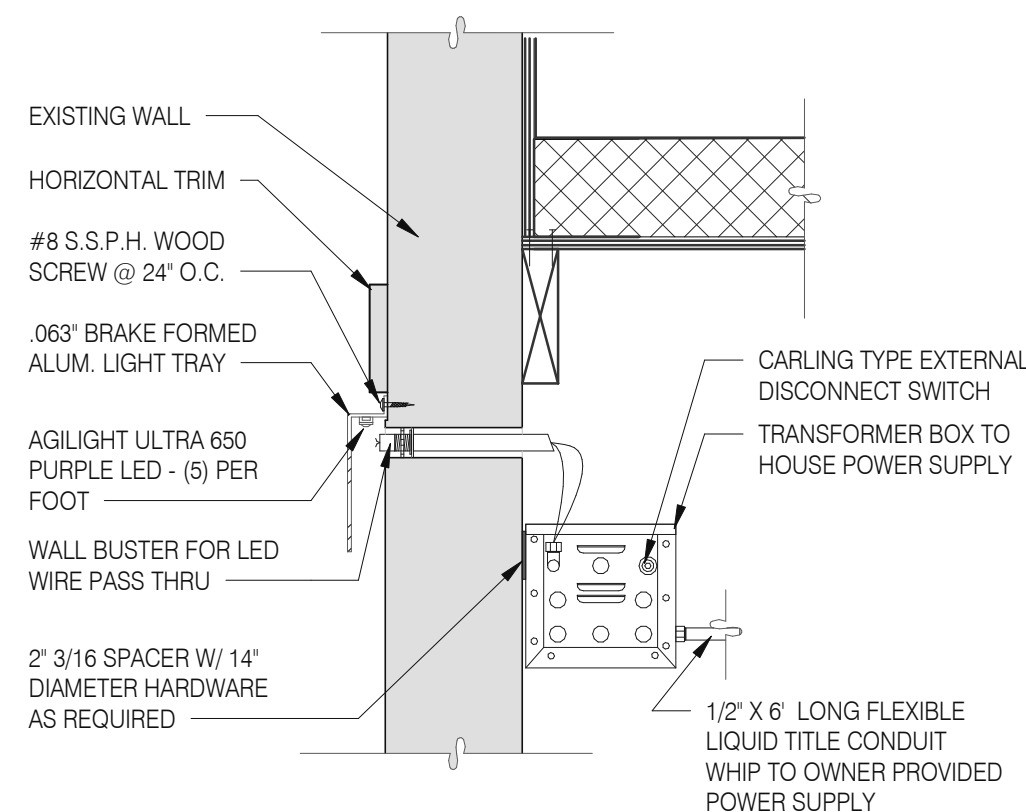
240331100

SHEET NUMBER

A4.0



WALK UP ELEVATION 1/4" = 1'-0" 1



LED WALL WASHER DETAIL F

TYPE MARK	QTY	ITEM DESCRIPTION	LOC
TOWER			
V-09.14W	2	14" WHITE CHANNEL LETTERS VERTICAL	A4.1
V-04.42	2	42" SWINGING BELL PURPLE LOGO FACE LIT	A4.1
SIDE ENTRY			
V-04.42	1	42" SWINGING BELL PURPLE LOGO FACE LIT	A4.0
V-200.EN	1	SIDE ENTRY AWNING 6' 2" X 3' 0" BLACK	A4.0
DRIVE THRU			
V-101.DT	1	DT AWNING (OVER DT) 9' 6" X 4' 0" BLACK	A4.1
V-102.DT	1	DT AWNING (OVER DT) 6' 0" X 4' 0" BLACK	A4.1
EYEBROW AWNINGS			
V-202.EN	1	FRONT EYEBROW (WINDOW) 12'-10" X 6' H X 1' 4" D BLACK	A4.1
V-203.EN	1	DT EYEBROW (WINDOW) 7'-9" L X 6' H X 1' 4" D BLACK	A4.1
V-201.EN	1	SIDE ENTRY EYEBROW (WINDOW) 8'-8" L 6' H X 1' 4" D BLACK	A4.0

SIGNAGE E

MISCELLANEOUS

- A. SEE SHEET A1.1 "WINDOW TYPES" FOR WINDOW ELEVATIONS.
- SEALERS (REFER TO SPECS)**
- A. SEALANT AT ALL WALL AND ROOF PENETRATIONS.
 - B. SEALANT AT ALL WINDOW AND DOOR FRAMES AND JAMB. DO NOT SEAL SILL @ WINDOWS.
 - C. APPLY NEOPRENE GASKET (CONT.) BETWEEN BUILDING AND CANOPY.

CRITICAL DIMENSIONS

- A. REQUIRED CLEAR OPENING WIDTH TO ENSURE COORDINATION WITH STANDARD SIGNAGE/BUILDING ELEMENTS DIMENSIONS.
- NOTE: NO EXTERIOR SIGNS ARE WITHIN THE SCOPE OF WORK COVERED BY THE BUILDING PERMIT APPLICATION. THE FRANCHISEE WILL COORDINATE THE SIGN INSTALLATION. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR PROVIDING REQUIRED BLOCKING, PROPER DIMENSIONS, ELECTRICAL AND MUST PROVIDE ACCESS TO SITE AND BUILDING FOR FRANCHISEE'S SIGN INSTALLER.

GENERAL NOTES C

X	NAME	FAMILY	FRAME OR MURAL	SIZE	LOCATION
6513	CHALK BOARD GRAFFITI	C	M02	48x96	A4.0
6514	CHALK BOARD GRAFFITI	C	M02	48x96	A4.0
6515	CHALK BOARD GRAFFITI	C	M02	48x96	A4.1

PAINTING

APPLICATOR MUST DO THEIR DUE DILIGENCE WITH PREPARATION.
PRIMER: 1 COAT SW A24WS300
FINISH: 2 COATS SW A82-100 SERIES. MATCH COLORS FROM MATERIAL SCHEDULE.
A-100 EXTERIOR LATEX SATIN.

PAINT NOTES A

*MUST SELECT ONE COMPLETE OPTION FOR #1 THROUGH #4 AND INCLUDE LETTER IN SYMBOL TAG F CHOOSING A OR B

SYMBOL	ITEM/MATERIAL	MANUFACTURER	MATERIAL SPEC	ALT. MANUFACTURER SPEC 'A'	ALT. MATERIAL SPEC 'A'	ALT. MANUFACTURER SPEC 'B'	ALT. MATERIAL SPEC 'B'	COLOR	CONTACT INFO
1	SIDING - HORIZONTAL APPLICATION	JAMES HARDIE	ARTISAN V-GROOVE 144"L X 8.25"W, 7" EXPOSURE COMES PRIMED FOR PAINT	WESTLAKE ROYAL BUILDING PRODUCTS	TruExterior V-RUSTIC 192"L x 7.5"W, 7" EXPOSURE; PRIMED FOR PAINT	NICHIHA	TruExterior V-RUSTIC 192"L x 7.5"W, 7" EXPOSURE; PRIMED FOR PAINT	WORLDLY GRAY (SW7043), SEMI-GLOSS	REFER TO EXTERIOR FINISH VENDOR CONTACTS ON A7.2 FOR TACO BELL NATIONAL ACCOUNT REPRESENTATIVES (DO NOT CALL MANUFACTURER 1-800 OR GENERAL CONTACT NUMBERS AS YOU WILL NOT RECEIVE CORRECT INFORMATION TO BRAND SPECIFIED PRODUCTS.
2	BUILDING TRIM	JAMES HARDIE	HARDIE TRIM 5/4 SMOOTH; 1"x5.5" PRIMED FOR PAINT	WESTLAKE ROYAL BUILDING PRODUCTS	TruExterior TRIM 5/4 x 6, 1" x 5.5" PRIMED FOR PAINT	NICHIHA	TruExterior TRIM 5/4 x 6, 1" x 5.5" PRIMED FOR PAINT	CYBERSPACE (SW7076), SEMI-GLOSS	
3	REVEAL PANEL **CONSULTANT TO REVISE REVEAL BREAKS FOR USING NICHIHA ILLUMINATION PANEL	JAMES HARDIE	HARDIE PANEL VERTICAL SIDING W/ ALUM TRIM FROM FRY REGLET AND/OR TAMLIN	N/A	USE HARDIE PANEL	NICHIHA	USE HARDIE PANEL	CYBERSPACE (SW7076), SEMI-GLOSS	
4	REVEAL PANEL **CONSULTANT TO REVISE REVEAL BREAKS FOR USING NICHIHA ILLUMINATION PANEL	JAMES HARDIE	HARDIE PANEL VERTICAL SIDING W/ ALUM TRIM FROM FRY REGLET AND/OR TAMLIN	N/A	USE HARDIE PANEL	NICHIHA	USE HARDIE PANEL	SW PURPLE (TB2603C), SEMI-GLOSS	
5	DRIVE THRU CORNER TOWER & ENTRY PORTAL RECESS	WESTERN STATES	T-GROOVE 24GA PAINTED 18" PANEL	---	---	---	---	WEATHERED RUSTIC	
6	METAL PARAPET CAP	---	24GA GALVANIZED	---	---	---	---	CYBERSPACE (SW7076) KYNAR 500 COATING	
7	HOLLOW METAL DOOR	---	---	---	---	---	---	SW PURPLE (TB2603C), SEMI-GLOSS	
8	NOT USED	---	---	---	---	---	---	---	
9	AWNINGS	BRAND APPROVED SIGNAGE VENDOR	---	---	---	---	---	BLACK (BY THE SIGNAGE VENDOR)	

EXTERIOR FINISH SCHEDULE D

KEY NOTES XXX B

- 329 MECHANICAL UNIT. SEE ROOF PLAN.
- 401 BUILDING SIGN BY VENDOR. REQUIRES ELECTRICAL, SEE ELECTRICAL PLANS.
- 407 METAL CANOPIES BY VENDOR. REQUIRES ELECTRICAL, SEE ELECTRICAL PLANS.
- 408 CO2 FILLER VALVE & COVER.
- 416 HOSE BIB BOX AT 18" A.F.F.
- 419 EXTERIOR LIGHT FIXTURE. SEE ELECTRICAL DRAWINGS.
- 422 PURPLE LIGHT WALL WASHER, PROVIDED BY SIGNAGE VENDOR.
- 424 LINE OF ROOF BEYOND.
- 425 SWITCH GEAR. WALL SHALL BE FINISHED PRIOR TO INSTALLATION.
- 426 OIL RECLAMATION PORT.

ALUMINUM TRIM PROFILES [ALTERNATE SOURCE]	
DESCRIPTION	ITEM ID - MANUFACTURER
SURROUND J CHANNEL TRIM	T2 - FRY REGLET JMS - TAMLIN
SURROUND VERTICAL TRIM	V2 - FRY REGLET W516RV - TAMLIN
VENT SCREEN	VST38 - TAMLIN
SURROUND HORIZONTAL TRIM	W2 - TAMLIN
SURROUND DRAINAGE FLASHING	XWF - TAMLIN
SURROUND OUTSIDE CORNER TRIM	OC9 - FRY REGLET XOCR516 - TAMLIN
SURROUND INSIDE CORNER TRIM	IC1 or IC21 - FRY REGLET XIC516 - TAMLIN

NOT FOR CONSTRUCTION



CITY COUNCIL MEETING

Monday, January 20, 2025 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 6:00 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: Jeff Dawson, Library Director; Mike Mathis, Parks and Recreation Director; Kassie Paider, Finance Director; Matt Heckenlaible, Public Works Director; Joe Metzen, Tourism Director; Dave Murack, Fire Chief; Rick Powell, IT Supervisor; Brian Dellemann, Electric Utility Director; Ben Meinnert, Police Chief; Sean Griffin, City Attorney via phone, and Greg Buckley, City Manager

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

Motion made by Wachowski, seconded by Derby to approve councilmembers B. LeClair and Bittner to participate in this meeting from a remote location.

Motion carried with a roll call vote.

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

5. PUBLIC HEARING

6. INPUT FROM THE PUBLIC

None.

7. COUNCIL COMMUNICATIONS

Letters and other communications from citizens

Councilmember Wachowski stated that he received the following concerns: sidewalks on the southside, an email about the arboretum, and was contacted about the planned construction on Memorial Drive and the concern for business access during that project.

8. COUNCIL REPORTS FROM BOARDS/COMMISSIONS/COMMITTEES

Councilmember D. LeClair reported on the Main Street Board stating they are teaming up with the new business Inky Blues for art in downtown. The Design Committee provided input to Plan Commission on Taco Bell and the design. The Board is working on banner art and the yarn bomb projects for 2025.

Councilmember Wachowski reported on the Advisory Recreation Board, stating that Parks and Recreation Director Mike Mathis provided the Board an update of department goals for 2025. One of their goals is looking to grow within themselves as a team and growing the programs; along with addressing beach parking. He congratulated the Parks and Recreation Director on being awarded the grant for Neshotah Park.

Councilmember Shimulunas reported on the Finance and Personnel Committee stating a new comp time policy was set in 2024, requiring that all comp time be taken as time off or pay in the year it is earned. A resolution will be coming to Council from the committee, regarding room tax payments for short-term rentals.

Council President Stechmesser reported on the City Manager Recruitment and Selection meeting reporting it was a good informational meeting.

9. CITY MANAGER’S REPORT

A. Invited Guests

B. Status Update/Reports

1. Staffing Updates

Mr. Buckley reported on the ongoing recruitments: City Manager – first meeting of selection committee with search consultants completed; City Planner/Community Development Director – accepting applications; Certified Water Operator – accepting applications; Recent Hires: Police Clerk/Evidence Custodian – announcement pending.

2. Recent Recognition of Police Officer (Former DNR Warden) Alek Henseler with Wisconsin Conservation Warden Valor Award

Mr. Buckley reported on January 10th 2025, one of the TRPD’s newer officers, Alek Henseler, received the Wisconsin Conservation Warden Valor Award which was presented by Chief Conservation Warden Casey Krueger and Wisconsin Governor Tony Evers. Alek was previously employed as a Wisconsin DNR Warden. In July of 2022 Alek conducted a traffic stop and was violently attacked by the operator. As the award states, Alek "is awarded this certificate in recognition of his extraordinary heroism while being fully aware of imminent threat to his personal safety while conducting a traffic stop on July 15, 2022, which would ultimately turn into a fight for your life." Alek was commended for his bravery and courage during the incident.

3. April 2025 Council Election Candidates

Mr. Buckley reported five candidates for City Council have filed nomination papers that have been reviewed and approved by the City Clerk. Candidates are selected at random for ballot placement and will be listed in the following order: Andre Robitaille, Tim Petri (incumbent), Jeff Dahlke, Scott Stechmesser (incumbent), Bill LeClair (incumbent).

4. Election Updates: Spring Primary, February 18, 2025

Mr. Buckley reported that voters can visit MyVote to request an absentee ballot by mail. Absentee ballots will begin to be mailed on Tuesday, January 28. In-Person Absentee Voting at City Hall begins Tuesday, February 4, and ends Friday, February 14. Voting will be during regular business hours with an exception of Friday, February 14, until 5:00 PM.

5. Winter Sidewalk Clearing

Mr. Buckley reported that snow and ice must be removed from any public sidewalk within 24 hours from the time when the snow ceases to fall. For corner lots, this includes the sidewalk and any ramps. Do not shovel or blow snow into the street, or onto a neighboring property without the owner’s permission.

6. Winter Parking Ban

Mr. Buckley reported that enforcement of the winter parking ban remains on hold.

7. Explore Two Rivers: New Marketing Materials

a. 2025 Manitowoc/Two Rivers Visitor Guide

Mr. Buckley reported the Visitor Guide in collaboration with Visit Manitowoc has been printed for 2025. Tourism Director addressed the new Visitor Guide with the Council.

b. Hike, Bike, & Paddle Brochure

Mr. Buckley reported brochures have been printed and are available highlighting outdoor recreation in the area. Mr. Metzen presented the Council with copies and offered comments.

8. Parks & Recreation Department and Grace Congregational Church receive

Forestry Focused Grant from, "Faith in Place" environmental organization

Parks and Recreation Director Mike Mathis reported that Grace Congregational Church and the Parks & Recreation Department have worked together to apply for a forestry focused grant from "Faith in Place", a faith based environmental organization. Grace Congregational will be receiving \$15,931 for the project. Funding will be used to plant 20 trees at Washington Park, support a forestry track Youth Apprentice position that will work with Parks & Recreation for the year, and cover additional administrative and planting costs. At least 15 dead or dying trees were removed from Washington Park in the last year.

9. Lead Water Service Lateral Replacement, 2024-25 Contract

Mr. Buckley reported on the status of the project stating: 74 – public water services replaced; 51 – public sewer laterals replaced; 13 – private water services replaced; 9 – private sewer laterals replaced. The contractor has paused construction for the cold winter days/nights and as such, there will be no updates until the weather warms up.

10. Sandy Bay Highlands Subdivision Phase 3

Mr. Buckley reported the contractor is braving the cold temperatures and has completed all of the sanitary sewer mainline and lateral work, all of the water main and water service work, & all of the storm sewer mainline and storm lateral work. Since the frost has penetrated a good 12-inches into the roadway area, the contractor is opting not to continue with the road grading and graveling until the weather warms up. The contractor will be working on the rough excavation of the stormwater management features (dry pond and bio-filters) in the upcoming weeks.

11. Community and Economic Development Update

Mr. Buckley did not provide an update.

12. Brief Report on Tax Incremental Financing Districts in Two Rivers

Mr. Buckley reported the city has 12 active tax incremental districts (TID's). In terms of area, they cover a total of 486.11 acres, 12.47% of the city's total land area of about 3,897 acres. Nearly 2/3 of the acreage contained in TID's is made up of two TID's that were created for "greenfield" industrial development: Eggers Industries TID 9 (76.4 acres) and Woodland Industrial Park TID 14 (229.05 acres). The other TID's cover about 181 acres, or 4.6 percent of the city's land area. The equalized valuation (EV) of the increment being captured these TID's is \$42.2 million, about 4.6 percent of the city's total EV of \$918.8 million; the average for all WI municipalities is 7.2 percent.

13. Upcoming Events

- a. Coffee with a Cop, 8:30 AM, Monday, January 27, 2025 at The High Lift coffee shop;
10:00 AM, Wednesday, February 5, 2025 at the Two Rivers Senior Center

- b. Two Rivers Parks and Recreation, "Zumba Classes," Wednesdays, January 22, March 5, 2025, 5:30-6:30 PM at the Community House
 - c. Public Information Meeting on 2025 Harbor/16th/Emmet Street Project, Thursday, January 30, 2025, 5:00 PM - 6:30 PM, City Hall Council Chambers
 - d. Knights of Columbus, "Cornhole Tournament," Saturday, February 1, 2025, 8:00 AM - 4:00 PM, in the Community House Gym
 - e. Two Rivers Historical Society Fundraiser, "Polka Bowl," Sunday, February 2, 2025, 11:30 AM - 6:00 PM, at Sepia Chapel
 - f. Two Rivers Business Association Fundraiser, Saturday, February 8, 2025, 6:00 PM - 9:00 PM at Sepia Chapel
12. Other

C. Legislative/Intergovernmental Update

10. CONSENT AGENDA

- A. 25-009** Presentation of Minutes
City Council Regular Meeting, January 6, 2025

Recommended Action:
Motion to waive reading and adopt the minutes

- B. 25-010** Minutes of Meetings
 - 1. Personnel and Finance Committee, October 24 & 29, 2024 and January 9, 2025
 - 2. Library Board, December 10, 2024
 - 3. Environmental Advisory Board, December 17, 2024
 - 4. Room Tax Commission, December 30, 2024
 - 5. Public Utilities Committee, January 6, 2025
 - 6. Public Works Committee, January 8, 2025
 - 7. Advisory Recreation Board, January 8, 2025
 - 8. City Manager Recruitment and Selection Committee, January 9, 2025
 - 9. Plan Commission, January 13, 2025

Recommended Action:
Motion to receive and file

- C. 25-011** Board and Committee Recommendations Requiring Council Action
 - 1. Plan Commission, January 13, 2025 -- Set a public hearing on application for a Conditional Use Permit application for Taco Bell with drive-through at Washington Street

Recommended Action:
Motion to Set the Public Hearing for Monday, February 3, 2025 at 6:00 PM

- D. 25-012** Department Reports, December 2024
 - 1. City Clerk
 - 2. Electric
 - 3. Inspections
 - 4. Library
 - 5. Parks & Recreation
 - 6. Public Works
 - 7. Safety
 - 8. Water
 - 9. Tourism

Recommended Action:
Motion to receive and file

- E. 25-013** Applications and Petitions
 1. Application for Appointment of Agent change for Ultra Mart Foods, LLC dba Pick n' Save

Recommended Action:
Motion to approve the application and authorize issuance of the license

RECOMMENDED ACTION FOR CONSENT AGENDA
Motion to approve the Consent Agenda with the various actions recommended

Motion carried with a voice vote.

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

11. CITY COUNCIL - FORMAL ITEMS

- A. 25-014** Resolution Upon Retirement for Lisa Kuehn

Recommended Action:
Motion to read and adopt the resolution

Motion carried with a roll call vote.

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

- B. 25-015** Consideration of Professional Services Agreement With Stantec Consulting Services for Grant-Funded Project, "Creating a Resilient Waterfront Parkland," Addressing Long-Term Planning for Shoreline Resiliency and Enhanced Public Access/Use of the Public Lakefront from the Harbor South Past the City Limits to the Vicinity of the Chamber of Commerce Property

Recommended Action:
Motion to authorize the City Manager to execute the contract on behalf of the City

Motion carried with a roll call vote.

Motion made by Brandt seconded by Derby to table this item to the 1/27/2025 City Council Work Session.
Voting Yea: Bittner, Brandt, Derby, B. LeClair, D. LeClair, Petri, Shimulunas, Stechmesser, Wachowski

- C. 25-016** First Amendment to Real Estate Purchase Option Agreement with Hawk Energy Storage, LLC, Regarding Possible Purchase of Property at Woodland Industrial Park for Battery Energy Storage System (BESS) facility

Recommended Action:
Motion to authorize the City Manager and City Clerk to sign the Amendment on behalf of the City

Motion carried with a roll call vote.

Motion made by Shimulunas seconded by D. LeClair to authorize the City Manager and City Clerk to execute the First Amendment to Real Estate Option Agreement and First Amendment to Memorandum of Real Estate Purchase Option Agreement as presented but with the addition of the stated amendment to Section 13.

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

D. 25-017 Ordinance Amending Section 2-1-5 B(3) of the Code of Ordinances, to Allow the City Council to Designate by Resolution Alternate Locations for Central Count for Elections

Recommended Action:

Motion to waive reading and adopt the ordinance

Motion carried with a roll call vote.

Motion made B. LeClair by seconded by Bittner.

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

E. 25-018 Resolution Urging State Legislation to Require On-Line Booking Platforms to Provide More Detailed Information on Room Taxes Collected in and Remitted to the City

Recommended Action:

Motion to read and adopt, as recommended by the Personnel and Finance Committee

Motion carried with a voice vote.

Motion made by D. LeClair seconded by Shimulunas

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

12. FOR INFORMATION ONLY

- A. City Council Work Session, Monday, January 27, 2025, 6:00 PM
- B. City Council Regular Meeting, Monday, February 3, 2025, 6:00 PM
- C. City Council Regular Meeting, Monday, February 17, 2025, 6:00 PM
- D. Council Listening Session, Wednesday, February 19, 2025, 6:00 PM at Lester Public Library

13. ADJOURNMENT

Motion to dispense with the reading of the minutes of this meeting and adjourn this meeting at 7:25 PM.

Motion carried with a voice vote.

Motion made by Wachowski seconded by Derby.

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

Respectfully submitted,

Amanda Baryenbruch
City Clerk

Section 10, Item A.



TWO RIVERS
WISCONSIN

PERSONNEL AND FINANCE COMMITTEE MEETING

Tuesday, August 06, 2024 at 6:00 PM
Council Chambers - City Hall, 3rd Floor
1717 E. Park Street, Two Rivers, WI 54241

MINUTES

1. **CALL TO ORDER**
The meeting was called to order by Committee Chairman Shimulunas at 6:00.
2. **ROLL CALL**
Personnel & Finance Committee Members present were Bonnie Shimulunas, Mark Bittner, and Adam Wachowski. Members of City Staff present were Gregory Buckley, City Manager; Kassie Paider, Finance Director.
3. **REVIEW GENERAL FUND BUDGET STATUS AS OF JUNE 30, 2024**
City Manager Buckley and Finance Director Paider reviewed the status of the General Fund Budget as of June 30, 2024
4. **BRIEF DISCUSSION OF STATUS OF OTHER CITY FUNDS AT MID-YEAR**
City Manager Buckley and Finance Director Paider reviewed the status of the Utility Budgets and Debt Service Budget as of June 30, 2024.
5. **REVIEW JUNE OVERTIME REPORT**
Reviewed June's overtime report. Police Department is running very high on overtime due to missing child case earlier in the year.
6. **DISCUSS CALENDAR FOR 2025 BUDGET REVIEW AND ADOPTION**
Finance Director Paider reviewed the proposed schedule for Budget review meetings.
7. **DISCUSS CITY MANAGER SUCCESSION PROCESS**
Discussion of using a Recruitment Firm to find the next city Manager. City Manager Buckley discussed reaching out to a few firms and giving their summary to committee members for review.
8. **SET NEXT MEETING DATE**
Next meeting August 13, 2024, at 6:00pm.
9. **ADJOURNMENT**
Motion was made by Wachowski, seconded by Bittner, to adjourn meeting at 7:15pm. Motion carried.

Respectfully Submitted,

Kassie Paider, Finance Director



PERSONNEL AND FINANCE COMMITTEE MEETING

Wednesday, October 30, 2024 at 6:00 PM

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

MINUTES

1. Call to Order

Meeting was called to order at 6:00pm.

2. Roll Call

Personnel & Finance Committee Members present were Mark Bittner and Adam Wachowski. Members of City Staff present were Gregory Buckley, City Manager; Kassie Paider, Finance Director; and Matt Heckenlaible, Public Works Director. Also present was Scott Stechmesser, City Council Member.

Personnel & Finance Committee Members not present were Bonnie Shimulunas.

3. Discussion of Proposed Services Agreement with Representatives of the Blue Heron Condominium Association; Recommendation to City Council on That Agreement

Discussion of proposed services agreement with representatives of the Blue Heron Condo Association took place. There was discussion about the language and timing of camera inspection of the pipes.

4. Review of Special Revenue Funds Budgets

City Manager Buckley reviewed the special revenue funds. Property in some of the TIF's has decreased in value, lowering property tax revenue for the funds. Further review into the TIF value changes will be carried out. TIF 15 is budgeted to spend \$750,000 for potential apartment development.

5. Wrap Up Review of Capital Budgets

Nothing was presented for Capital Budgets, to be reviewed at future meeting.

6. Upcoming Meetings:

Tuesday, November 5 at 8:00 AM for Review of Fire and EMS Budgets

Wednesday, November 6 at 6:00 PM for Interviews with City Manager Recruitment Firms

7. Adjournment

Motion was made by Bittner, seconded by Wachowski, to adjourn meeting at 8:15pm. Motion carried.

Respectfully Submitted,

Kassie Paider, Finance Director



PERSONNEL AND FINANCE COMMITTEE MEETING

Thursday, November 14, 2024 at 6:00 PM

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

MINUTES

1. Call to Order

The Meeting was called to order by Committee Member Wachowski at 6:02pm.

2. Roll Call

Personnel & Finance Committee Members present were Mark Bittner and Adam Wachowski. Members of City Staff present were Gregory Buckley, City Manager; Kassie Paider, Finance Director; and Dave Murack, Fire Chief. Also present was Scott Stechmesser, City Council Member. Personnel & Finance Committee Members not present were Bonnie Shimulunus.

3. Wrap Up Review of the Following 2025 Budgets; Recommendations to City Council

A. General Fund

City Manager Buckley reviewed; the general fund increased spending of 3.48% which is within the expenditure restraint max of 3.7%

B. Debt Service Fund

Debt service fund will draw down its fund balance to keep taxes steady. Fund balance is from debt issued in 2024 at a premium.

Motion was made by Bittner, seconded by Wachowski, to recommend the debt service budget.

Motion carried.

C. Special Revenue Funds

City Manager Buckley discussed the decrease in property values in the TIFs. Discussion of allocating time of full-time staff to fund 261 Concessions.

Motion was made by Bittner, seconded by Wachowski to recommend Special Revenue Budgets with allocations of full-time staff to Fund 261. Motion carried.

D. Capital Projects Funds, Including Borrowing Plan

City Manager Buckley presented the Capital Projects Funds. Tax supported borrowing of \$2.07 million, with total general obligation borrowing of \$3.47 million. Committee Member Wachowski would like to try and get tax supported borrowing below \$2 million.

4. Recommendation to City Council Regarding 2024 Property Tax Levy, In Support of the 2025 Budget

Nothing presented, will be presented at future meeting.

5. Reminders:

Budget Hearing- Monday, November 25, 2024 6:00 PM

City Council Vote on 2025 Budget- December 2, 2024, 6:00 PM

Next meeting Tuesday November 19, 2024, 8:00am

6. Adjournment

Motion was made by Bittner, seconded by Wachowski, to adjourn meeting at 8:45pm. Motion carried.

Respectfully Submitted,

Kassie Paider, Finance Director



PERSONNEL AND FINANCE COMMITTEE MEETING

Tuesday, November 19, 2024 at 8:00 AM

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

MINUTES

1. Call to Order

The meeting was called to order by Committee Chairman Shimulunas at 8:17am.

2. Roll Call

Personnel & Finance Committee Members present were Bonnie Shimulunas, Mark Bittner, and Adam Wachowski. Members of City Staff present were Gregory Buckley, City Manager; Kassie Paider, Finance Director.

3. Wrap Up Review of the Following 2025 Budgets; Recommendations to City Council

A. General Fund

City Manager Buckley presented a few changes needed to the General Fund Budget: an increase to the attorney fees (\$6,960) and an increase to the transfer to Information Systems (\$9,073). This will be paid for by adjusting Parks & Rec and Public Works budgets down. He also recommends upping the levy to a 0% increase, currently -0.36% (\$19,929) and put towards contingency.

Motion made by Bittner, seconded by Wachowski, to recommend General Fund Budget with changes discussed and adding \$19,929 to contingency. Motion carried.

B. Debt Service Fund

Not presented.

C. Special Revenue Funds

Special Revenue funds were reviewed.

Motion made by Bittner, seconded by Wachowski, to recommend Special Revenue budgets.

Motion carried.

D. Capital Projects Funds, Including Borrowing Plan

City Manager Buckley presented updated CIP list, now with tax supported borrowing below \$2 million. Discussion about funding PD Canine vehicle equipment and reducing DPW Garage by \$20,000. Motion made by Bittner, seconded by Wachowski, to recommend Capital Projects budgets with adjustment discussed. Motion carried.

4. Recommendation to City Council Regarding 2024 Property Tax Levies, In Support of the 2025 Budget

A. General Fund

B. Debt Service

C. Library

City Manager Buckley presented the proposed property tax levies; General City \$2,288,033, Debt Service \$2,551,538, and Library \$681,790.

Motion made by Bittner, seconded by Wachowski to recommend property tax levies presented to the City Council. Motion carried.

5. Reminders

Budget Hearing- Monday, November 25, 2024 6:00 PM

City Council Vote on 2025 Budget- December 2, 2024, 6:00 PM

6. Adjournment

Motion was made by Wachowski, seconded by Bittner, to adjourn meeting at 9:06am. Motion carried.

Respectfully Submitted,



Kassie Paider, Finance Director



MINUTES

1. CALL TO ORDER

Greg Buckley called the meeting to order at 5:30 PM.

2. ROLL CALL

Present: Greg Buckley, Rick Inman, Kay Koach, Kristin Lee, Matt Heckenlaible, and Adam Wachowski.

Also Present: Alex Muhl and Recording Secretary Adam Taylor.

3. ACTION ITEMS

A. Review of Site and Architectural Plan for the construction of a Taco Bell restaurant at 1803 Washington Street, submitted by Pacific Bells (applicant) and CEHOG I LLC (owner).

This item was tabled from the previous January 13, 2025, Plan Commission Meeting. The plans have been updated to address the previous concerns. The building has been shifted over 10 feet to the east, to allow for a better view of the mural. The drive through has been reduced to one singular lane and has shifted accordingly. The landscape plan has been revised to include more green space as well as plantings along both the eastern edge and the NW corner of the lot. There were previous concerns alluding to the exit onto Washington Street. The applicant explained that there is enough space for cars to queue before turning left, so that this won't be an issue. There are an estimated 46 vehicles an hour on site at the peak traffic hour. If this does become an issue in the future, it will be handled by the City Council. The plans also addressed the concerns of the Main Street Committee. The light poles are at a height of 23 feet and the trash operations will enter and exit onto 18th Street.

The City Council will be adding a condition to the Conditional Use Permit for the drive-through to define a deadline for the time allotted for a building permit to be approved.

A motion was made to approve the plan as presented.

Motion made by Wachowski, seconded by Inman.

Roll Call Vote:

Voting Yea: Buckley, Inman, Lee, Heckenlaible, Wachowski.

Voting Nay: Koach

Motion Carried

4. ADJOURNMENT

Motion to adjourn at 5:57 PM.

Motion made by Wachowski, seconded by Koach.

Respectfully submitted, Adam Taylor, Recording Secretary

**CITY OF TWO RIVERS
BUSINESS AND INDUSTRIAL DEVELOPMENT COMMITTEE
AND
COMMUNITY DEVELOPMENT AUTHORITY
REGULAR MEETING
Tuesday, January 28, 2025, 5:15 PM
3rd Floor City Committee Room – City Hall**

1. Call to Order

In the absence of BIDC and CDA Chair Greg Coenen, the meeting was called to order by BIDC and CDA Vice Chair Keith Lyons at 5:15 PM.

2. Roll Call

BIDC members present were Tracey Koach, Keith Lyons, Shannon Derby, Dave Kalista and Scott Stechmesser. BIDC members absent and excused: Tom Christensen, Greg Coenen, Betty Bittner and Dan Wettstein. Mr. Buckley noted that there was a quorum of the BIDC present (5 of 9 members).

CDA members present were Shannon Derby, Dave Kalista, Tracey Koach, Keith Lyons and Scott Stechmesser.. CDA members absent and excused: Betty Bittner and Greg Coenen. Mr. Buckley noted that there was a quorum of CDA present (5 of 7 members).

Others present were Gregory Buckley, City Manager.

3. Approval of Meeting Minutes

For the BIDC, Koach moved, supported by Derby, to approve the minutes of the December 27 special meeting, as presented. The motion was approved by voice vote, without dissent.

For the CDA, Koach moved, supported by Derby, to approve the minutes of the December 27 special meeting, as presented. The motion was approved by voice vote, without dissent.

4. CDA Action Items

- A. Consider Any Offers Received for lots in Sandy Bay Highlands Subdivision. Mr. Buckley reminded CDA members that the listing agreement for Sandy Bay Phase 3 allows an exception to listing for lots the CDA places under contract with licensed homebuilders for the development of spec homes, if such purchase contracts are entered into by January 31, 2025.

He reported that he recently received two offers, each addressing two lots in Phase 3, from Lakeshore Residential, LLC, which over the past three years has constructed five spec homes in the subdivision. Copies of the offers, along with a map showing the locations of the lots in question, were provided to the CDA members.

The City Manager pointed out that Offer #1 is for Block 4, Lots 15 and 16, fronting Rawley Court. Offer #2 is for Block 4, Lots 19 and 20, which abut Lots 15 and 16 immediately to the north, with frontage on Sandy Ridge Drive. Each of the lots is priced at \$57,900; the offers reflect 10 percent off the list price, or \$52,110 for each lot. The CDA will not, however, be paying a realtor commission, which would be at least 12 percent per lot, per the terms of the listing agreement.

Terms of the offers call for closing by March 5, 2025 on Lots 15 and 16, by September 10, 2025 on Lots 19 and 20. Closing date on each can be extended until the CDA can affirm to the purchaser that graveled and graded streets and all utilities serving the lots are in place.

BIDC and CDA
January 28, 2025
Page 2

Mr. Buckley stated that, based on this conditions, the closing on Lots 15/16 could end up being extended until sometime in May; he does not see the street/utilities contingency impacting the September closing date. Each offer also provides for a \$2,000 earnest money deposit by the buyer.

Mr. Buckley also identified some minor changes that he proposed to the language of each of the offers, pertaining to the street/utilities contingency.

Following discussion, Derby moved, supported by Koach, to authorize execution of the two purchase agreements, with the changes proposed by the City Manager; further, that the authorized signatory for the CDA on these offers, on any future full-price offers for Phase 3 lots, and on any closing documents associated with sale of the Phase 3 lots may be either CDA Chair Greg Coenen, CDA Vice Chair Keith Lyons, or City Manager Greg Buckley.

The motion was approved by voice vote, without dissent.

Mr. Buckley noted that he had reached out to other area builders regarding the availability of Phase 3 lots for spec homes, but the proposals from Lakeshore Residential, LLC were the only ones received. He also reported that that the sale of Block 4, Lot 14, previously approved by the CDA, is scheduled for January 31, 2025.

4. Information Only

The City Manager provided a brief update on various development projects, including:

- Proposed Apartments at 3000 Forest Avenue
- Pop-Start Pizza Restaurant on 22nd Street
- Violet Inn development at the former Elks Lodge on 16th Street
- Sauve’s Automotive expansion
- Proposed Taco Bell on Washington Street


Following discussion, Lyons moved, supported by Koach, to authorize the release of mortgage, contingent upon receipt of payment in the amount of \$32,000. The motion was approved by voice vote, without dissent.

5. Adjournment

Koach moved, supported by Derby, to adjourn the BIDC meeting at 5:40 PM. The motion was approved by voice vote, without dissent.

Koach moved, supported by Derby, to adjourn the CDA meeting at 5:40 PM. The motion was approved by voice vote, without dissent.

Respectfully submitted,


 Gregory E. Buckley
 City Manager

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 Two Rivers, WI 54241

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
<i>Barten</i>	<i>Joseph</i>	<i>President</i>	<i>920-621-1437</i>
<i>Pigton</i>	<i>Kristine</i>	<i>Vice President</i>	<i>920-555-2630</i>
<i>Kumbalek</i>	<i>Devin</i>	<i>Secretary</i>	<i>920-482-3732</i>
<i>Meissner</i>	<i>Nicholas</i>	<i>Treasurer</i>	<i>920-482-3712</i>

Continued →

Part C: Event Information

1. Name of Event (if applicable) The Great Trivia Contest			
2. Dates of Operation 3/14/2025		3. Hours of Operation 5pm - 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 <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: TWO RIVERS		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Two Rivers Main Street		12. Email and/or Phone Number for Organizer of Event 920-901-9743	
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. Serving + Storing Alcohol in the gym.			

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 1/15/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
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@two-rivers-main-street.com* 5. Phone: *920-794-1482*

6. Home Address: *615 Buchholz Street*

7. City: *Two Rivers* 8. State: *WI* 9. Zip Code: *54241* 10. Age: *47*

11. Drivers License/State ID Number: *B520-4357-7296-01* 12. Drivers License/State ID State of Issuance: *WI*

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

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

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

Continued →

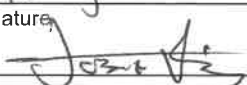
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Ring		First Name Jason		M.I. P
Title Director	Email director@two rivers main street.com		Phone 920-794-1482	
Signature 			Date 1/15/2025	

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 1/15/2025	



TWO RIVERS
WISCONSIN

CITY CLERK Section 10, Item C.

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

* * * * *

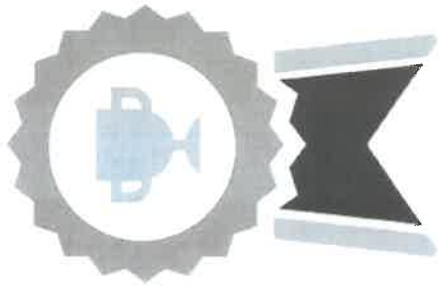
The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury 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


Signature

Jason Ring
Printed Name

1/15/2025
Date



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



**City of Two Rivers
2 Year Operator's License**

Jason Ring

615 Buchholz St Two Rivers, WI 54241

License No: 240090
Issued: 10/10/2024
Expires: 06/30/2026
Fee: \$52.00



Amanda Berglund
City Clerk

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 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) Secretary		5. Email kumbalekd@shorelinecu.org		6. Phone 920-482-3732
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 K514-1739-8691-08			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 24	Months
--	--------------------	--------

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

Previous Address	City	State	Zip Code
2532 34th St	Two Rivers	WI	54241
1325 S 9th St	Manitowoc	WI	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	State	County	State	County	State	County
WI	Manitowoc						
State	County	State	County	State	County	State	County

Part D: Criminal History

Section 10, Item C.

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
01/16/2025

Individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- individual owner or manager of a corporation or limited liability company
- partner in a partnership
- member and agent of a limited liability company

All alcohol beverage applications for Wisconsin licenses and permits will require Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual or name of the business)
Two Rivers Main Street

2. Business Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information

1. Last Name: Baeten 2. First Name: Joseph 3. MI: B

4. Role in Business Title: Board of Directors 5. E-mail: Joseph.Baeten@gmail.com 6. Phone: 920-621-1437

7. Home Address: 10200 Francis Creek Road

8. City: Two Rivers 9. State: WI 10. Zip Code: 54241 11. Date of Birth: 4/1/89

12. Wisconsin License State ID Number: B350-4528-9121-09 13. Driver's License State (if State of Issuance): WI

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

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

Years	Months
35	

3. 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
10200 Francis Creek Road	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

4. List all states and countries you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Maintowoc	WI	Brown				
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: 1-22-2025

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 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): **Vice 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: **05/25/1975**

12. Drivers License/State ID Number: **P250-5187-5685-07** 13. Drivers License/State ID State of Issuance:

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: **49** Months:

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

Previous Address	City	State	Zip Code
3246 S. County Rd. P	Denmark	WI	54208
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	Brown						
WI	Manitowoc						

Part D: Criminal History

Section 10, Item C.

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 Kris Anne Pison Date 01/16/2025

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 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	

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 06/21/1994
12. Drivers License/State ID Number M256-6219-4221-02			13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 30</td> <td style="width: 50%;">Months 6</td> </tr> </table>	Years 30	Months 6		
Years 30	Months 6						
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 WI	County Manitowoc	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

Section 10, Item C.

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

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

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Nicholas M. M...</i>	Date 1.22.25
-----------------------------------	--------------

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 Two Rivers, WI 54241

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
<i>Baeten</i>	<i>Joseph</i>	<i>President</i>	<i>920-621-1437</i>
<i>Pigton</i>	<i>Kristine</i>	<i>Vice President</i>	<i>920-553-2030</i>
<i>Kumbalek</i>	<i>Devin</i>	<i>Secretary</i>	<i>920-482-3732</i>
<i>Meissner</i>	<i>Nicholas</i>	<i>Treasurer</i>	<i>920-482-3712</i>

Continued →

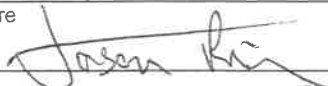
Part C: Event Information

1. Name of Event (if applicable) Cool City Classic Car Show and Cruise			
2. Dates of Operation 6/27/2025 and 6/28/2025		3. Hours of Operation 5pm - 10pm, 7am - 4pm	
4. Premises Address 1700 Washington St.			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County Manitowoc	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: TWO RIVERS		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Two Rivers Main Street		12. Email and/or Phone Number for Organizer of Event 920-901-9743	
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. Alcohol will be stored + served in the Park Pavilion.			

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 1/15/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
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) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

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

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Ring Jason P

4. Email 5. Phone
director@tworiversmainstreet.com 920-794-1482

6. Home Address
615 Buchholz Street

7. City 8. State 9. Zip Code 10. Age
Two Rivers WI 54241 47

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance
R520-4357-7296-01 WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

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


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

Continued →

Part D: Business Attestation

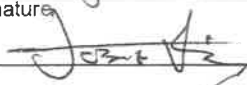
Section 10, Item C.

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 920-794-1482	
Signature 			Date 1/15/2025	

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 1/15/2025	



**TWO
RIVERS**
WISCONSIN

CITY CLERK

Section 10, Item C.

1717 E. Park Street
P.O. BOX 87
Two Rivers, WI 54241-0087

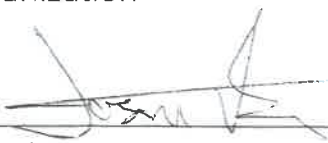
NOTE:

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


Signature

Jason Ring
Printed Name

1/15/2025
Date



City of Two Rivers
2 Year Operator's License

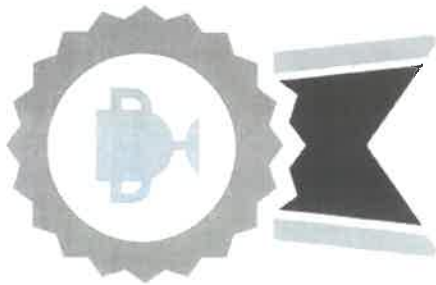
Jason Ring

615 Buchholz St Two Rivers, WI 54241

License No: 240090
Issued: 10/10/2024
Expires: 06/30/2026
Fee: \$52.00



Amanda Berglund
City Clerk



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

07/31/2024

Training Provider

Training 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 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

Part B: Individual Information				
1. Last Name Kumbalek		2. First Name Devin		3. M.I. M
4. Relationship to Business (Title) Secretary		5. Email kumbalekd@shorelinecu.org		6. Phone 920-482-3732
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 K514-1739-8691-08			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 24
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
Previous Address 2 1325 S 9th St		City Manitowoc		State WI
Previous Address 3		City		State
Previous Address 4		City		State
Previous Address 5		City		State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.				
State WI	County Manitowoc	State	County	State
State	County	State	County	State

Part D: Criminal History

Section 10, Item C.

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
01/16/2025

Alcohol Beverage Individual Questionnaire

1. Individuals involved in the alcohol beverage business must complete this form, including:

- all proprietors
- all partners in a partnership
- all officers, directors, and agents of a corporation or other profit organization
- members and agents of a limited liability company

2. When the above individuals do not reside in Wisconsin, all required Individual Questionnaires are submitted

Part A: Business Information

3. Business Name (If different than 1, list it here):
Two Rivers Main Street

4. Business Type (check one):
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

5. Last Name: **Baeten** 6. First Name: **Joseph** 7. MI: **B**

8. Relationship to Business (Title): **Board of Directors** 9. E-mail: **Joseph.Baeten@gmail.com** 10. Phone: **920-621-1437**

11. Home Address:
10200 Francis Creek Road

12. City: **Two Rivers** 13. State: **WI** 14. Zip Code: **54241** 15. Date of Birth: **4/1/89**

16. Driver's License/State ID Number: **B350-4528-9121-09** 17. Driver's License/State ID State of issuance: **WI**

Part C: Address History

18. Do you currently reside in Wisconsin? Yes No

19. If yes to 18 above, how long have you continuously lived in Wisconsin prior to the date of application?

	Years	Months
35		

20. 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
10200 Francis Creek Road	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

21. 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	Manitowish	WI	Brown				

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 ordinance?

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
		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance violated	Location	Conviction Date
		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance violated	Location	Conviction Date
		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 ordinance?

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: *A-B t*

Date: 1-22-2025

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 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	

Part B: Individual Information				
1. Last Name Pigeon		2. First Name Kristine		3. M.I. T
4. Relationship to Business (Title) Vice 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 05/25/1975
12. Drivers License/State ID Number P250-5187-5685-07			13. Drivers License/State ID State of Issuance	

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 49	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 3246 S. County Rd. P	City Denmark	State WI	Zip Code 54208		
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 Brown	State	County	State	County
State WI	County Manitowoc	State	County	State	County

Part D: Criminal History

Section 10, Item C.

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

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

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Kris Aino Pigeon</i>	Date 01/16/2025
--------------------------------------	--------------------

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 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	

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 06/21/1994
12. Drivers License/State ID Number M256-6219-4221-02			13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Years</td> <td>Months</td> </tr> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">6</td> </tr> </table>	Years	Months	30	6
Years	Months						
30	6						
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 WI	County Manitowoc	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

Section 10, Item C.

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

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

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Nicholas M. M...</i>	Date 1.22.25
-----------------------------------	--------------

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
54241

6. Mailing Address (if different from permanent address)
PO Box 417 Two Rivers, WI 54241

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
<i>Baeten</i>	<i>Joseph</i>	<i>President</i>	<i>920-621-1437</i>
<i>Pigton</i>	<i>Kristine</i>	<i>Vice President</i>	<i>920-555-2630</i>
<i>Kumbalek</i>	<i>Devin</i>	<i>Secretary</i>	<i>920-482-3732</i>
<i>Meissner</i>	<i>Nicholas</i>	<i>Treasurer</i>	<i>920-482-3712</i>

Continued →

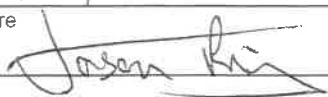
Part C: Event Information

1. Name of Event (if applicable) Bryon Lee Memorial Blues Festival			
2. Dates of Operation 7/12/2025		3. Hours of Operation 10am - 10 pm	
4. Premises Address 1700 Washington Street			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County Manitowoc	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: TWO RIVERS		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Two Rivers Main Street		12. Email and/or Phone Number for Organizer of Event 920-901-9743	
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. Alcohol will be stored and served in the park pavilion.			

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 920-794-7482	
Signature 			Date 1/15/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
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: *615 Buchholz Street*

7. City: *Two Rivers* 8. State: *WI* 9. Zip Code: *54241* 10. Age: *47*

11. Drivers License/State ID Number: *B520-4357-7296-01* 12. Drivers License/State ID State of Issuance: *WI*

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

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

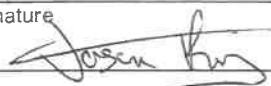
3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

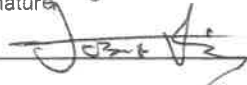
Section 10, Item C.

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 920-794-1482
Signature 		Date 1/15/2025	

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 1/15/2025	



TWO RIVERS
WISCONSIN

CITY CLERK Section 10, Item C.

1717 E. Park Street
P.O. BOX 87
Two Rivers, WI 54241-0087

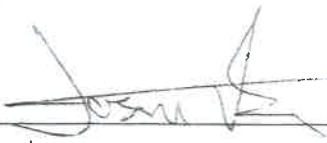
NOTE:

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


Signature

Jason Ring
Printed Name

1/15/2025
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 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	

Part B: Individual Information					
1. Last Name Kumbalek		2. First Name Devin		3. M.I. M	
4. Relationship to Business (Title) Secretary		5. Email kumbalekd@shorelinecu.org		6. Phone 920-482-3732	
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 K514-1739-8691-08			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 24	Months
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	

Continu

Part D: Criminal History

Section 10, Item C.

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
01/16/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agents of a corporation or nonprofit organization
- partners of a partnership
- members and owners of a limited liability company

For general information and contribution or other matters not addressed here, all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (exclusive name if sole proprietor)
Two Rivers Main Street

2. Business Trade Name (if DDA)

3. Business Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information

4. Last Name: Baeten 5. First Name: Joseph 6. MI: B

7. Relationship to Business (Title): Board of Directors 8. Email: Joseph.Baeten@gmail.com 9. Phone: 920-621-1437

10. Home Address: 10200 Francis Creek Road

11. City: Two Rivers 12. State: WI 13. Zip Code: 54241 14. Date of Birth: 4/1/89

15. Drivers License/State ID Number: B350-4828-9121-09 16. 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
35	

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

Previous Address	City	State	Zip Code
10200 Francis Creek Road	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	Manitowoc	WI	Brown				
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) or violation of any federal, Wisconsin, or another state's laws or 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/Offense Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Offense Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Offense 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) or 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: A-R-E Date: 1-22-2025

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 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	

Part B: Individual Information					
1. Last Name Pigeon		2. First Name Kristine			3. M.I. T
4. Relationship to Business (Title) Vice 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 05/25/1975
12. Drivers License/State ID Number P250-5187-5685-07			13. Drivers License/State ID State of Issuance		

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 49	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.						
Previous Address 1 3246 S. County Rd. P		City Denmark		State WI	Zip Code 54208	
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 Brown	State	County	State	County	
State WI	County Manitowoc	State	County	State	County	

Part D: Criminal History

Section 10, Item C.

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

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

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Kris Aino Pigeon</i>	Date 01/16/2025
--------------------------------------	--------------------

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 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	

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 06/21/1994
12. Drivers License/State ID Number M256-6219-4221-02		13. Drivers License/State ID State of Issuance Wisconsin	

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 30
			Months 6
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 WI	County Manitowoc	State	County
State	County	State	County

Continued. →

Part D: Criminal History

Section 10, Item C.

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 M. M...* Date 1.22.25

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 Two Rivers, WI 54241

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
<i>Baeten</i>	<i>Joseph</i>	<i>President</i>	<i>920-621-1437</i>
<i>Pigton</i>	<i>Kristine</i>	<i>Vice President</i>	<i>920-553-2030</i>
<i>Kumbalek</i>	<i>Devin</i>	<i>Secretary</i>	<i>920-482-3732</i>
<i>Meissner</i>	<i>Nicholas</i>	<i>Treasurer</i>	<i>920-482-3712</i>

Continued →

Part C: Event Information

1. Name of Event (if applicable) Ethnic Fest			
2. Dates of Operation 9/30/2025		3. Hours of Operation 10am - 6pm	
4. Premises Address 1700 Washington Street			
5. City Two Rivers		6. State WI	7. Zip Code 54241
8. County Manitowoc	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Two Rivers		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Two Rivers Main Street		12. Email and/or Phone Number for Organizer of Event 920-901-9743	
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. Alcohol will be stored & served in the Park Pavilion.			

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 1/15/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
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) 5. If successor agent, provide State Permit or Municipal Retail License Number

Municipal Retail License State Permit

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

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.

Ring *Jason* *P*

4. Email 5. Phone

director@two.rivers.mainstreet.com *920-794-1482*

6. Home Address

615 Buchholz Street

7. City 8. State 9. Zip Code 10. Age

Two Rivers *WI* *54241* *47*

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance

R520-4357-7296-01 *WI*

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

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

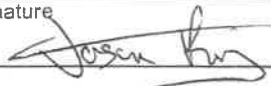
3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

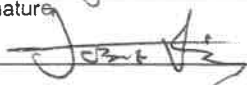
Section 10, Item C.

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 920-794-1482	
Signature 			Date 1/15/2025	

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 1/15/2025	



TWO RIVERS
WISCONSIN

CITY CLERK Section 10, Item C.

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

* * * * *

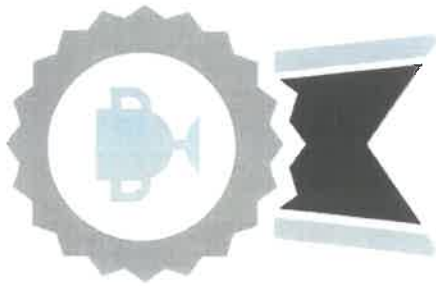
The applicant hereby agrees to indemnify and hold the City of Two Rivers harmless from and against any and all claims, actions, causes of action, damages, expenses, and liabilities which may be imposed upon, incurred by or asserted against the City of Two Rivers by reason of any injury or claim of injury 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


Signature

Jason Ring
Printed Name

1/15/2025
Date



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

07/31/2024

Training Provider

Training Date



**City of Two Rivers
2 Year Operator's License**

Jason Ring

615 Buchholz St Two Rivers, WI 54241

License No: 240090
Issued: 10/10/2024
Expires: 06/30/2026
Fee: \$52.00



Shanda Berglund
City Clerk

Alcohol Beverage Individual Questionnaire

Section 10, Item C.

1. Individuals Described in this form have a legal right to purchase and consume alcoholic beverages including:

- all citizens of the state
- all officers, directors or agents of an corporation or unincorporated organization
- members or agents of a limited liability company

2. This form is required for all individuals purchasing and consuming alcohol from including Questionnaires are submitted

Part A: Business Information

3. Business Name: Two Rivers Main Street

4. Business Type: Sole Proprietorship Partnership Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information

5. First Name: Baeten Last Name: Joseph Initials: B

6. Board of Directors: Board of Directors Email: Joseph.Baeten@gmail.com Phone: 920-621-1437

7. Address: 10200 Francis Creek Road

8. City: Two Rivers State: WI Zip Code: 54241 Date of Birth: 4/1/89

9. Driver's License State ID Number: B350-4828-9121-09 Drivers License State: WI

Part C: Address History

10. Do you currently reside in Wisconsin? Yes No

11. If yes, how long have you continuously resided in Wisconsin prior to the date of application? 35 years

12. List of your biological parent(s) all of your addresses within the last 5 years. Attach additional sheets if necessary.

Address	City	State	Zip Code
<u>10200 Francis Creek Road</u>	<u>Two Rivers</u>	<u>WI</u>	<u>54241</u>

13. List all states and countries you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County
<u>WI</u>	<u>Manitowoc</u>	<u>WI</u>	<u>Brown</u>		

Continued on next page

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: A-R-E Date: 1-22-2025

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 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	

Part B: Individual Information			
1. Last Name Kumbalek	2. First Name Devin	3. M.I. M	
4. Relationship to Business (Title) Secretary	5. Email kumbalekd@shorelinecu.org	6. Phone 920-482-3732	
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 K514-1739-8691-08		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?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Years 24</td> <td>Months</td> </tr> </table>	Years 24	Months
Years 24	Months				
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		

Part D: Criminal History

Section 10, Item C.

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
01/16/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>Two Rivers Main Street</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Pigeon	2. First Name Kristine	3. M.I. T	
4. Relationship to Business (Title) Vice 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 05/25/1975
12. Drivers License/State ID Number P250-5187-5685-07		13. Drivers License/State ID State of Issuance	

Part C: Address History					
1. Do you currently reside in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td align="center">Years 49</td> <td align="center">Months</td> </tr> </table>	Years 49	Months
Years 49	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 3246 S. County Rd. P	City Denmark	State WI	Zip Code 54208		
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 Brown	State	County		
State WI	County Manitowoc	State	County		

Part D: Criminal History

Section 10, Item C.

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

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

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Kris Aino Pigeon</i>	Date 01/16/2025
--------------------------------------	--------------------

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) <i>Two Rivers Main Street</i>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name 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 06/21/1994
12. Drivers License/State ID Number M256-6219-4221-02			13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Years 30</td> <td>Months 6</td> </tr> </table>	Years 30	Months 6		
Years 30	Months 6						
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 WI	County Manitowoc	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

Section 10, Item C.

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 M. Muzzum* Date 1.22.25

For Municipal	
Municipality	City of Two Rivers
License Period	3-1-2025

Form
AB-200

Alcohol Beverage License Application

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

- Class "A" Beer \$ 50.00 Class "B" Beer \$ 100.00
- "Class A" Liquor \$ 500.00 "Class B" Liquor \$ 275.00
- "Class A" Liquor (cider only) \$ 0.00 Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ 100.00

Fees	
License Fees	\$
Background Check Fee	\$ 0.00 20.00
Publication Fee	\$ 20.00
Total Fees	\$ 315.00

Part A: Premises/Business Information			
1. Legal Business Name (Individual name if sole proprietorship) <u>Pizzeria Inizio LLC</u>			
2. Business Trade Name or DBA <u>Pop-Start Pizza</u>			
3. FEIN <u>99-4213774</u>		4. Wisconsin Seller's Permit Number <u>WI-00632817</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>7/30/2024</u>	8. Wisconsin DFI Registration Number <u>P092426</u>
9. Premises Address <u>1033 22nd St.</u>			
10. City <u>Two Rivers</u>		11. State <u>WI</u>	12. Zip Code <u>54241</u>
13. County <u>Manitowoc</u>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Two Rivers</u>	15. Aldermanic District <u>N/A</u>
16. Premises Phone <u>920-242-1369</u>		17. Premises Email <u>justin@popstartpizza.com</u>	18. Website <u>www.popstartpizza.com</u>
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. <u>Single-story no basement. 1,800 sq ft. Back door leads to 2 storage rooms where beer & liquor will be stored. Past the back hallway is the kitchen which leads to the service & bar area which is open to the 32 seat dining room.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 beverages. 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	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
Ulness	Justin	Owner	920-242-1369
Hulsey	Nathan	Owner	414-232-4843

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 Ulness	First Name Justin	M.I. P
Title Owner	Email justinulness@gmail.com	Phone 920-242-1369
Signature <i>Justin P. Ulness</i>		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 1/16/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form AB-200 Instructions

Alcohol Beverage License Application

Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get a retail alcohol beverage license.

Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

Specific Instructions

License Period:

- Annual licenses expire June 30 each year, except licenses issued by the City of Milwaukee. Annual licenses issued by the City of Milwaukee also may be issued at any time throughout the year, but are valid for one year from the date of issuance.

License Requested and License Fees:

- Select the alcohol beverage license(s) you would like to apply for.
- Generally, you may apply for no more than two licenses for the same premises. Further, some license combinations are not acceptable, (e.g., "Class A" and a Class "B").
- For descriptions of each of the alcohol beverage licenses and their authorizations, see [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#), and [Fact Sheet 3101, Licenses for Retail Sale of Alcohol Beverages](#).
- License costs are determined by the municipality within a range set by state law. Ask your clerk how much the license, background check, and publishing fees in that municipality cost.
- License fees for licenses issued for less than one year must be prorated according to the number of months or fraction of months remaining in the licensing period.

Part A: Premises/Business Information

- Box 1: Enter the legal business name or individual name if a sole proprietor.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 4: Seller's permits begin with the digits "456." For questions about obtaining a seller's permit, see [Seller's Permit Common Questions](#).
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 6-7: Provide the state and date of organization of the legal entity.
- Box 8: Provide the Wisconsin Department of Financial Institutions Registration number. This number is assigned to the entity when it is registered with DFI. It can be located using the Department of Financial Institution's [Corporate Records Search](#).
- Boxes 9-19: All requests for "premises" information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 19: Describe the premises in detail. Include outdoor spaces if your municipality allows it. Some municipalities have specific requirements for outdoor spaces as a part of the licensed premises. Call your municipal clerk to learn more. Attach a floor plan if possible.
Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.
- Box 20-23 Provide the mailing address for the business, if different from the address in boxes 9-12.

Part B: Questions

- Questions 1 and 2: Disclose any civil or criminal violations of law and pending charges in any jurisdiction (federal, state, or local ordinance). Include detailed descriptions of any violations of law involving alcohol beverages. Attach additional sheets as necessary.

- Question 3: Wisconsin law generally prohibits alcohol beverage industry members from having an interest in another tier. The law provides some exceptions, with limitations, for restricted investors. If the applicant business, or any of its officers, directors, members, agent, employees, owners, or other related individuals has an interest in an alcohol beverage producer or distributor, list the restricted investors and describe the nature of their interest. A restricted investor with an allowable interest in another tier must complete AB-104, Restricted Investor Affidavit. Attach additional sheets as necessary.
- Question 4: If the applicant is owned by another business entity, provide the legal entity name(s) and FEIN(s) of all upstream entity ownership. Attach an organizational chart if possible. Include all persons involved in upstream entity ownership in the table in Part C and submit Form AB-100 for each of those persons with this application.
- Question 5: Wisconsin law requires all sole proprietors, partners, and agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless one of the following applies. Submit the associated document with this application.
 - The applicant is renewing a license, or
 - Within the past two years:
 - a. The applicant held a manager's or operator's (bartender) license.
 - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued alcohol beverage license in Wisconsin.

Note: To learn about your responsibility to complete the responsible beverage server requirement, please review [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#).

- Question 6: A licensee may only buy liquor or beer for cash or on credit terms for a period not to exceed 15 days for beer and 30 days for liquor. A person may not be issued a license if they are indebted to a wholesaler in excess of these limits.
- Question 7: Renewal of licenses may be denied pursuant to a local ordinance if the licensee owes past due municipal taxes, assessments, or other fees.

Part C: Individual Information

- Provide basic information for all persons involved in the retail alcohol beverage business who are owners, officers, directors, managers, members, or the agent. Include ownership information as identified in Part B, Question 4.
- Example:** Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.
- Sole-proprietors, partners in a partnership, and the agent of an LLC or corporation must reside in Wisconsin continuously for 90 days prior to application.
 - Include an Alcohol Beverage Individual Questionnaire (Form AB-100) for each person listed in this section with the submission of this application.

Part D: Attestation

- Read the attestation carefully, then sign and date.

Part E: For Clerk Use Only

- "Date license granted" means the date the municipal governing body approves the license to be issued.
- "Date license issued" means the date the municipal clerk issues the license certificate document.

Completion and Submission of AB-200

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- License applications must be filed with the municipal clerk at least 15 days before they can be approved by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- In addition to Form **AB-200**, include:
 - Form AB-100, *Alcohol Beverage Individual Questionnaire*, for all individuals listed in part C
 - Form AB-101 *Alcohol Beverage Appointment of Agent*, for corporation, nonprofit organizations, and LLC applicants
 - License and publication fees as required by your municipality

- Responsible beverage server training course completion certificate or other acceptable replacement document described in Part B, Question 5
- Proof the applicant holds a seller's permit, such as a copy of the seller's permit document

Note: See [Publication 206](#), *Sales Tax Exemptions for Nonprofit Organizations*, for information on when a nonprofit organization may be exempt from holding a seller's permit.

- All other information and documents required by your municipality

NOTE: You are required by federal law to register as an Alcohol Dealer with the federal Alcohol and Tobacco Tax and Trade Bureau (TTB) before beginning business. Use [Form TTB F 5630.5d](#), *Alcohol Dealer Registration*, and return the form to the address listed on the instructions.

Open Records

This application is an open record under Wisconsin law (sec. [19.35](#), Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department publishes a list of alcohol beverage licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. If you require assistance with this form, consider reaching out to your municipal clerk for assistance with the following:

- Submission of this application and associated forms
- Availability and cost of certain licenses

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: [DOR Alcohol Beverage \(wi.gov\)](#)

Write: DORAlcohol@wisconsin.gov

Call: (608) 264-4573

Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#) *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#) *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#) *"Class B" Liquor License Quotas*

Alcohol Beverage Individual Questionnaire

Date 1.15.2025

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) Pizzeria Inizio LLC	
2. Business Trade Name or DBA Pop-Start Pizza	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Ulness		2. First Name Justin	
		3. M.I. P	
4. Relationship to Business (Title) Owner		5. Email justinulness@gmail.com	
		6. Phone	
7. Home Address 628 S. Liberty St			
8. City Valders		9. State WI	10. Zip Code 54245
		11. Date of Birth 9.14.1988	
12. Drivers License/State ID Number U452-4358-8334-05		13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 7</td> <td style="width: 50%;">Months 1</td> </tr> </table>	Years 7	Months 1
Years 7	Months 1				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 628 S Liberty St		City Valders	State WI		
			Zip Code 54245		
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 CA	County Napa	State SC	County Charleston		
State LA	County Orleans	State WI	County 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 <i>Justin Chess</i>	Date 1.15.2025
----------------------------------	-------------------

Form AB-100 Instructions

Alcohol Beverage Individual Questionnaire

Who must complete Form AB-100?

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent*, Form AB-200, *Alcohol Beverage License Application*, or an alcohol beverage permit application.

Where do I submit Form AB-100?

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent* to the issuer of the authorization.

Specific Instructions

Date

- Date the form in the top right corner.

Part A: Business Information

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on any license application (Form AB-200) or existing license certificate.

Part B: Individual Information

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

- Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

Part D: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

Part E: Attestation

- Read the attestation carefully, then sign and date.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses.

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: [DOR Alcohol Beverage \(wi.gov\)](http://wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 264-4573

Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302 Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#)

[Publication 309 Retail Alcohol Beverage Licensing Guide for Municipalities](#)

[Fact Sheet 3101 Licenses for Retail Sale of Alcohol Beverages](#)

[Fact Sheet 3103 Licensed or Permitted Premises Description](#)

[Fact Sheet 3116 Reserve "Class B" Liquor Licenses](#)

[Fact Sheet 3118 "Class B" Liquor License Quotas](#)

Form
AB-100

**Alcohol Beverage
Individual Questionnaire**

Date 7-15-2025

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) <u>Pizzeria Tazio LLC</u>	
2. Business Trade Name or DBA <u>Pop-Start Pizza</u>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <u>Hulsey</u>	2. First Name <u>Nathan</u>	3. M.I. <u>W-T</u>		
4. Relationship to Business (Title) <u>Owner</u>	5. Email <u>nwt.hulsey@gmail.com</u>	6. Phone <u>414-232-4843</u>		
7. Home Address <u>1317 Oriole Dr.</u>				
8. City <u>Manitowoc</u>	9. State <u>WI</u>	10. Zip Code <u>54220</u>	11. Date of Birth <u>4/23/89</u>	
12. Drivers License/State ID Number <u>H420-6398-9143-01</u>		13. Drivers License/State ID State of Issuance <u>Wisconsin</u>		

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 <u>12</u>	Months	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.								
Previous Address 1 <u>1317 Oriole Dr</u>				City <u>Manitowoc</u>		State <u>WI</u>	Zip Code <u>54220</u>	
Previous Address 2 <u>532 E Otjem St</u>				City <u>Milwaukee</u>		State <u>WI</u>	Zip Code <u>53207</u>	
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>MI</u>		County <u>Oakland</u>		State <u>WI</u>		County <u>Milwaukee</u>		
State <u>MI</u>		County <u>Wayne</u>		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.

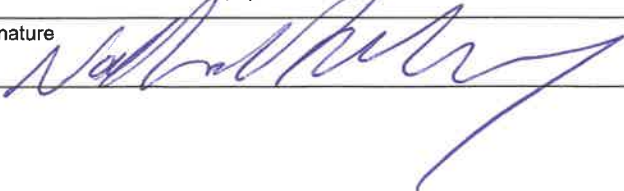
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance 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
	1/15/25

Form AB-100 Instructions

Alcohol Beverage Individual Questionnaire

Who must complete Form AB-100?

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent*, Form AB-200, *Alcohol Beverage License Application*, or an alcohol beverage permit application.

Where do I submit Form AB-100?

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent* to the issuer of the authorization.

Specific Instructions

Date

- Date the form in the top right corner.

Part A: Business Information

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on any license application (Form AB-200) or existing license certificate.

Part B: Individual Information

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

- Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

Part D: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

Part E: Attestation

- Read the attestation carefully, then sign and date.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses.

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 264-4573

Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#) *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#) *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#) *"Class B" Liquor License Quotas*

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
1-15-2025

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Pizzeria Inizio LLC	
2. Business Trade Name or DBA Pop-start Pizza	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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 Ulness	2. First Name Justin	3. M.I. P		
4. Email justinulness@gmail.com		5. Phone 920-242-1369		
6. Home Address 628 S Liberty St.				
7. City Valders	8. State WI	9. Zip Code 54242	10. Age 36	
11. Drivers License/State ID Number U452-4358-8334-05		12. Drivers License/State ID State of Issuance Wisconsin		

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 Ulness		First Name Justin		M.I. P
Title Owner	Email justinulness@gmail.com		Phone 920-242-1369	
Signature Justin Ulness			Date 10.15.2025	

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 Ulness		First Name Justin		M.I. P
Signature Justin Ulness			Date 1.15.2025	

Form AB-101 Instructions

Alcohol Beverage Appointment of Agent

Who must complete Form AB-101?

State law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed or permitted premises.

Use this form to appoint an agent for a new premises or to appoint a successor agent when there is a change before the license or permit is up for renewal.

Where do I submit Form AB-101?

Submit Form AB-101 to the appropriate issuing authority, either the clerk of the municipality in which the business or organization is located, or the Division of Alcohol Beverages.

Form AB-101 may be submitted with a license or permit application or at any time to indicate there is a change in agent prior to the license or permit renewal period.

Specific Instructions

Date:

- Date the form in the top right corner.

Agent Type:

- Select original appointment if you are applying for your license or permit for the first time or are renewing a license or permit.
- Select successor agent if you are reporting a change of agent during the licensing or permitting period.

Part A: Business Information

- Box 1: Enter the legal business name. If a sole-proprietorship, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as", if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on the license or permit application.

- Box 4: Select which alcohol beverage authorization you hold or are applying for.
- Box 5: For appointment of a successor agent, enter your state permit number (15-digit Wisconsin Tax ID number) or municipal retail license number (if applicable) for which you are appointing a successor agent. If you do not have a municipal retail license number, provide any applicable identifier (e.g., store number or location).
- Box 6: For appointment of a successor agent, describe the reason for the change in agent.

Part B: Agent Information

- Provide all requested personal information.

Part C: Agent Questions

- Question 1: Wisconsin law requires all agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless:
 - The applicant is renewing a municipal alcohol beverage retail license, or
 - Within the past two years:
 - a. The applicant held a manager's or operator's (bartender) license.
 - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued retail alcohol beverage license in Wisconsin.

- Some agents for state permittees are exempt from responsible beverage server course requirements. The following permittees are exempt from RBS course requirements: Alcohol Beverage Warehouse, Industrial Fermented Malt Beverages, Wholesalers, Manufacturers, Rectifiers, Direct Wine Shippers, Wholesale Alcohol, Medicinal Alcohol, Industrial Alcohol, and Industrial Wine.
 - If you are applying to be the agent of one of these exempt permittees, answer “yes” to Question 1.
- To learn about your responsibility to complete the responsible beverage server requirement, review Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers.
- Question 2: Appointed agents must submit Form AB-100, *Alcohol Beverage Individual Questionnaire*, in addition to this form.
- Question 3: Appointed agents must be Wisconsin residents for at least 90 continuous days prior to the date of application, except for direct wine shipper permittees.

Part D: Business Attestation

- An authorized representative should sign, date, and provide requested personal information on behalf of the business.

Part E: Agent Attestation

- The agent being appointed should read the attestation carefully, then sign and date.

Assistance

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 264-4573



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that
Justin Ulness
is awarded this certificate for

Wisconsin Responsible Beverage Server Training

 Completion Date
12/03/2024

 Expiration Date
12/03/2026

 Certificate #
WI-00632817


Official Signature

This certificate is non-transferable and 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.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

JOINT POWERS AGREEMENT BETWEEN MANITOWOC COUNTY JOINT DISPATCH CENTER AND

(Insert municipality)

WHEREAS, Manitowoc County and municipalities located within the boundaries of Manitowoc County have implemented an Enhanced 911 System for the purpose of providing emergency services, including fire-fighting, law enforcement, ambulance, medical, and other emergency services, to residents of the county and the municipalities; and

WHEREAS, Wis. Stat. 256.35(9) requires that public agencies implementing such an Enhanced 911 System shall annually enter into a Joint Powers Agreement; specifies that the Joint Powers Agreement shall be applicable on a daily basis; and states that the Joint Powers Agreement shall provide that if an emergency services vehicle is dispatched in response to a request through the Manitowoc County Enhanced 911 System, such vehicle shall render its services to the persons needing the services, regardless of whether the vehicle is operating outside of the vehicle’s normal jurisdictional boundaries; and

NOW, THEREFORE, in consideration of the mutual agreements, conditions, and promises contained herein, Manitowoc County and the above listed municipality (hereinafter referred to as “the Municipality”) agree as follows:

1. This Agreement shall become effective on March 1, 2025 and shall continue in effect and be applicable on a daily basis for a period of one year thereafter.
2. If an emergency services vehicle operated by the Municipality (or operated by an agency with which the Municipality contracts) is dispatched in response to a request through the Manitowoc County Enhanced 911 System, such vehicle (whether owned and operated by the Municipality or by a contracting agency) shall render its services to the persons needing the services regardless of whether the vehicle is operating outside of the vehicle’s normal jurisdictional boundaries or outside of the boundaries as defined by the contract between the Municipality and the contracting agency.
3. A copy of this Agreement shall be filed with the Wisconsin Department of Justice and the Wisconsin Department of Administration as required by Wis. Stat. 256.35(9)(c).

MANITOWOC COUNTY
JOINT DISPATCH CENTER

By: Rhonda Green

By: _____

Title: Emergency Services Director

Title: _____

Date: 11/03/2024

Date: _____

Signature: Signature: _____

Municipality Name: City of Two Rivers

Municipal Head of Emergency Management

In accordance with Wis. Stat. §323.14 the governing body of each city, village, or town shall designate a municipal head of emergency management services.

Name: Dave Murack – Fire Cheif

Address: 2122 Monroe Street

Cell Phone: General # 920-793-5521 Home Phone: _____

Email: dmurack@two-rivers.org

Does your municipality have a municipal Emergency Operations Plan? No Yes

Chief Elected Official

Name: Scott Stechmesser – Council President

Address: 1717 East Park Street, Two Rivers

Cell Phone: 920-980-1693 Home Phone: _____

Email: sstechmesser@two-rivers.org

Road Supervisor / Head of Public Works

Name: Matthew Heckenlaible – Public Works Director / City Engineer

Address: 1717 East Park Street, Two Rivers

Cell Phone: 920-973-8068 Home Phone: 920-217-5501 (Cell)

Email: mheckenlaible@two-rivers.org

Critical Infrastructure

Do you have an identified location for an Emergency Operations Center (EOC)?* No Yes

** Do not list the County EOC, which may be available to municipalities, but may also be in use for County level operations during a disaster that impacts more than just your municipality.*

- If yes, provide the location: Fire Station, 2122 Monroe Street (Alternate County EOC)
- If yes, provide the internet service provider(s) for the EOC: Spectrum
- If yes, provide the landline phone provider for the EOC: Spectrum
- If yes, does the EOC have a backup generator: No Yes
- If yes, does the generator power the electrical components of the heating system : No Yes
- If yes, What fuel type does the heating system use: Natural gas Propane Other

Does your municipality store any diesel fuel? No Yes, if yes: average quantity in gallons: _____

- Can this fuel be pumped/dispensed without electricity? No Yes
- If no, does the pump have a backup generator? No Yes

Does your municipality store any regular gasoline? No Yes, if yes: average quantity in gallons

Section 11, Item A.

- Can this fuel be pumped/dispensed without electricity? No Yes **N/A**
- If no, does the pump have a backup generator? No Yes **N/A**

Do any of your municipal building(s) have an emergency generator? No Yes, if yes:

Building Name	Building Address	Generator Fuel Type?	Does the Generator Power Electrical Components of the Building's Heating?	Heating Fuel Type?
City Hall	1717 East Park Street, Two Rives, 54241	Natural Gas	Yes	Natural Gas
Electrical / DPW Shops	1415 Lake Street, Two Rivers, 54241	Natural Gas	Yes	Natural Gas
Wastewater Plant	1401 Lake Street, Two Rivers, 54241	Natural Gas	Yes	Natural Gas
Water Treatment	1415 Lake Street, Bldg #3, Two Rivers, 54241	Diesel	Yes	Natural Gas
Fire Department	2122 Monroe Street, Two Rivers, 54241	Natural Gas	Yes	Natural Gas

Do you provide a municipal electric supply? No Yes

- If yes, provide the name and cell phone number of the individual in charge of your municipal electric service: **Brian Dellemann – Director 920-323-0385**

Do you provide a municipal water supply? No Yes

- If yes, do you have backup generator(s) installed or available to ensure water supply during an extended power outage? No Yes
- If yes, provide the name and cell phone number of the individual in charge of your municipal water supply: **Andrew Sukawaty – Director 920-973-8080**

Do you provide a municipal wastewater service? No Yes

- If yes, do you have backup generator(s) installed or available at lift stations or other facilities to ensure wastewater service during an extended power outage? No Yes **(Portable)**
- If yes, provide the name and cell phone number of the individual in care of your municipal wastewater service: **Dave Casebeer 920-973-0287**

Does your municipality have a location(s) identified to store debris following a disaster? No Yes

- If yes, list those location(s): Temporary disposal locations: DPW Shop, New Cemetery, Vietnam Veteran's Park; If just tree damage – Mntwc Co – Woodland Yard Waste Site

Does your municipality store a supply of sandbags? No Yes, if yes: average quantity: **20 filled, 1,000 empty (winter sand available)**

Do any locations within your municipality experience recurring flooding? No Yes, if yes, list them:
