Form
AB-220

Temporary Alcohol Beverage License

Municipality

License(s) Requested	Fees	
☐ Temporary "Class B" Wine ☐ Temporary Class "B" Beer	License Fees	$
	Background Check	$
	Total Fees	$

Part A: Organization Information

1. Organization Name
Dodgeville Revitalization/Dodgeville Area Chamber of Commerce

2. Organization Permanent Address
338 N Iowa St.

3. City	4. State	5. Zip Code
Dodgeville	WI	53533

6. Mailing Address (if different from permanent address)

7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
39-1721973		WI

10. Phone	11. Email
(608) 935-9200	depot@mhtc.net

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
Wunderlin	Kari	President	
Oellerich	Julia	Vice President	
Boehnen	Aaron	Treasurer	
Vondra	Jenna	Executive Director	

Continued →

Part C: Event Information

1. Name of Event (if applicable) Spooky HalloWine Walk			
2. Dates of Operation 10/17/2026		3. Hours of Operation 5:00pm-8:00pm	
4. Premises Address 338 N Iowa St			
5. City Dodgeville		6. State WI	7. Zip Code 53533
8. County Iowa	9. Governing Municipality ☑ City ☐ Town ☐ Village of:		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website www.dodgeville.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.

Wine walk around downtonw Dodgeville. Wine samplings in each of the host location businesses.

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 Vondra	First Name Jenna	M.I.	
Title Executive Director	Email depot@mhtc.net	Phone (608) 935-9200	
Signature		Date 08/26/26	

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	