Form AB-200

Alcohol Beverage License Application

У

License(s) Requested: (up to two boxes may be		1		Fees			
☐ Class "A" Beer \$	Class "B" Beer	\$		License F	ees	\$	
☐ "Class A" Liquor \$	"Class B" Liquor	\$	İ	Backgrou	nd Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" L	iquor \$		Publication	n Fee	\$	
Class C" Liquor (wine only) \$				Total Fee	S	\$	
Part A: Premises/Business Information							٧,-
Legal Business Name (individual name if sole propri	ietorship)						
DINOS CAAL SERVICE LLC							
2. Business Trade Name or DBA							
DINO'S							
3. FEIN	4	4. Wisconsin S			T		
41-2617558	322133	45-04					
5. Entity Type (check one)		_		4	□ Names	-fit Ossanis	otion
	Limited Liability			rporation	in DFI Registrati	ofit Organiz	auon
o, otate of organization	7. Date of Organization 10/28/2025	1		D0841	-	OII MUITINGI	
WI	D0041	.21					
9. Premises Address 110 DIAGONAL ST							
10. City				11. State	12. Zip Code		
DODGEVILLE				WI	53533		
13. County 14	4. Governing Municipa	lity: 🔽 City	Town	☐ Village	15. Alderman	ic District	
Iowa	of: DODGEVIL	LE			_ 2		
10.1 Tollingood Tilono	7. Premises Email			18. W	ebsite		
	CRSN_BLBM@YAF						
19. Premises Description - Describe the building or buare kept. Describe all rooms within the building, income only on the premises described in this application. 2 STORY BUILDING WITH DINING STORAGE AREA IN THE BACK. IN EAST SIDES OF BUILDING. SELECTION.	cluding living quarters. Attach a map or diagn NG ROOM AND FENCED IN Bl	Authorized al am and addition BAR AR	cohol beve onal sheet EA . I	erage activit s if necessa NCLUDE	ies and storage ry. LS A KITC	of records m	ay occur D
20. Mailing Address (if different from premises address	s)						
401 N JOHNSONS ST			82				
21. City				22. State	23. Zip Code		
DODGEVILLE				WI	53533		
Part B: Questions							
Has the business (sole proprietorship, partner violating federal or state laws or local ordinant lf yes, list the details of violation below. Attach	ces? Exclude traffic	offenses un	or corpora less relat	ition) been ed to alcol	convicted of not beverages.	Yes	☑ No
Law/Ordinance Violated	Location	1,000000.			Trial Date		
Law Statistics Violated	Localon						
Penalty Imposed			Was ser	ntence con	npleted?	☐ Yes	☐ No
Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed			Was ser	ntence con	npleted?	☐ Yes	☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.							Yes 🔽 No	
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.								
-								
Is the applicant business or any of its condition individuals or entities a restricted investigation of the restricted investigation. If yes, provide the name of the restricted investigation in the restricted investigation.	tor with any	/ interes	t in an alcohol b	evera	age prod	ucer or distribute	related or?	Yes 🖊 No
Is the applicant business owned by ano If yes, provide the name(s) and FEIN(s)	ther busine) of the busi	ss entity ness ent	?tity owners below	v. Atta	ach addit	tional sheets as	needed.	Yes 🔽 No
4a. Name of Business Entity			4b. Busines					
5. Have the partners, agent, or sole propri	ietor satisfie	d the res	sponsible bevera	age s	erver tra	ining requiremer	t for	v. 🗆
this license period? Submit proof of cor	npletion						E24	
6. Is the applicant business indebted to ar	ny wholesale	er beyon	d 15 days for be	er or	30 days	for liquor/wine?		Yes No No
7. Does the applicant business owe past of	due municip	aı prope	πy taxes, asses	smen	its, or our			163 🖳 140
Part C: Individual Information						Property Land		listed in Doct D
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of any. Attach ac	of a corpo Iditional s	pration or nonprofit sheets if necessary	orga /.	nization, a	ili partners oi a pai	triership, and	all members,
include Form AB-100 for each person listed bel		tions and	LLCs must appoir			ncluding Form AB-		
Last Name	First Name			Title			Phone	CAO 201E
BLABAUM	CARSON			OWNER				642-3215
BLABAUM	ARIEL			OMI	OWNER		(608)	331-7837
				<u> </u>			L	
Part D: Attestation								
One of the following must sign and attest • sole proprietor • one genera			rship • on	ie coi	rporate o	fficer • one	e member o	f an LLC
BEAD CAREELI LY REFORE SIGNING: Und	er nenalty of	law I hav	ve answered each	of th	e above o	uestions complete	ely and truthf	ully. Tagree that
I am acting cololy on bobalf of the applicant by	reiness and r	not on hel	half of any other ir	ndivid	ual or ent	itv seeking the lice	ense. Furtner	, i agree mai me
rights and responsibilities conferred by the lice according to the law, including but not limited	to purchasin	ia alcohol	l beverages from s	state	authorize	a wnoiesaiers. I u	nderstand thi	at lack of access
to any portion of a licensed premises during in	spection will	be deem	ed a refusal to allo trary to Wis. Stat.	ow ins Chap	spection. ter 125 sl	Such refusal is a r hall be void under	niscemeanor penalty of st	ate law. I further
understand that I may be prosecuted for subm	itting false sta	atements	and affidavits in c	onne	ction with	tnis application, al	na that any po	erson who know-
ingly provides materially false information on t	his application	n may be	First Name	t not	more unar	1 \$ 1,000 ii convicu	=	M.1.
BLABAUM CARSON								J
Title		Email					Phone	
OWNER		CRSN	BLBM@YAHO	o.c	OM		(608)	542-3215
Signature					Date			
12/03/20								
Part E: For Clerk Use Only					In	0	Data Lica	nse Issued
Date Application Was Filed With Clerk Licens	se Number				Date Lic	cense Granted		
Signature of Clerk/Deputy Clerk						Date Provisional	License Issu	ed (if applicable)



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

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

Letter ID

L1491628464

000202

CARSON J BLABAUM DINOS CAAL SERVICE LLC 401 N JOHNSON ST DODGEVILLE WI 53533-1025

Wisconsin Department of Revenue Seller's Permit

Legal/real name:

DINOS CAAL SERVICE LLC

Business name:

110 DIAGONAL ST

DODGEVILLE WI 53533-1378

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

Tax TypeAccount TypeAccount NumberSales & Use TaxSeller's Permit456-1032213345-04

Form AB-101

Alcohol Beverage Appointment of Agent

Date 12/03/2025

Agent Type (check one)				
✓ Original (no fee) Successor (\$10 fee for m	nunicipal licen	sees only)		
Unginar (no lee)	типогран поот			
Part A: Business Information				
Legal Business Name (individual name if sole proprietor)				
DINOS CAAL SERVICE LLC				
2. Business Trade Name or DBA				
DINO'S		-		
3. Entity Type (check one) Limited Liability Compan		Corporation	☐ Nonprofit Organ	
4. Alcohol Beverage Business Authorization (check one) ✓ Municipal Retail License State Permit			e Permit or Municipal Retail	License Number
6. Describe the reason for appointing a successor agent, if successor				
Part B: Agent Information				
1. Last Name	2. First Name			3. M.I.
BLABAUM	CARSON			J
4. Email			5. Phone (608)	642-3215
CRSN_BLBM@YAHOO.COM			(000)	042 3213
6. Home Address 401 N JOHNSON ST				
7. City	8. State	9. Zip Code	10. Date of I	
DODGEVILLE	WI	53533		3 1984
11. Drivers License/State ID Number		1	nse/State ID State of Issuar	nce
B415-1108-4013-01		WI		
Part C: Agent Questions			2.11	
Have you satisfied the responsible beverage server train Submit proof of completion.	ing requireme	ent?		Yes No
Have you completed Form AB-100, Alcohol Beverage Inc. Form AB-300, Alcohol Beverage Personal Questionnaire	dividual Ques (permittee)?	tionnaire (licensee) or [✓ Yes ☐ No
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	nuous days?			Yes No

READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	I liability com y that I am a ccessor ager bmitting false	pany with full authority and con uthorized by the above-named on t, I rescind all previous agent a estatements and affidavits in co	atrol of the propertity to author ppointments to nnection with	emises and orize this indifor this premients this applicat	of all alcohol ividual to act ses. Further, ion, and that
Last Name		First Name			M.I.
BLABAUM		CARSON			J
Title	Email			Phone	
OWNER	CRSN BL	BM@YAHOO.COM		(608) 6	42-3215
Signature		Date	12/03/20)	
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application may be required to forfeit not more	pany and ass ess. I further on, and that a	tume full responsibility for the co understand that I may be pros any person who knowingly provi	ecuted for su	ilcohol bevera	age activities e statements
Last Name		First Name			M.I.
Signature			Date		
Oignature			i		

AB-101 (R. 1-25) - 2 -

Part D: Business Attestation



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Carson Blabaum

Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), This certificate represents the successful completion of an approved Wisconsin Department of and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com

Training Provider

12/02/2025

Training Date

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date	
12/03	/2025

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

sole proprietor

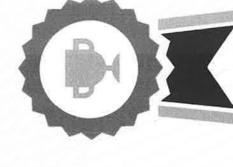
- · all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- · members and agent of a limited liability company

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

Part A: Business Information							
prietor)							
ntity Type <i>(check one)</i> Sole Proprietor Partnership Limited Liability Company Corporation							
	49						
				3. M.I.			
				ј з. м.л. Ј			
	AKSON		r				
	221122	COM		6. Phone (608) 642-3215			
CK2N_BTBW	. UUHAI 9	COM		(000) 042 3213			
7. Home Address 401 N JOHNSON ST							
	Q State	10. Zip Code	Т	11. Date of Birth			
		53533		01/13/19			
DODGEVILLE WI 53533 01/13/19 12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance							
		WI					
				🔽 Yes 🗌 No			
			•••••				
ou permanently mov	ved to Wisco	onsin	• • • • •	(MM/YYYY) 01/1984			
sses within the last	5 years. Att	ach additional sheets if	necessa	агу.			
			State	Zip Code			
DC	DGEVILI	Æ	WI	53533			
City				Zip Code			
DC	DODGEVILLE						
City	City			Zip Code			
City	у		State	Zip Code			
City	City			Zip Code			
n as an adult. Attac	h additional	sheets if necessary.		<u> </u>			
		State	County				
RANT							
ounty	State	County	State	County			
	2. F CRSN_BLBM 5. Email CRSN_BLBM created a company moves a	2. First Name CARSON 5. Email CRSN_BLBM@YAHOO. 9. State WI u permanently moved to Wisconses within the last 5 years. Attactive DODGEVILL City DODGEVILL City City City City City City State City City City City State City City City City City City City City	Limited Liability Company	□ Limited Liability Company □ Corporation □ 2. First Name			

Continued →

Part D: Criminal History		
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)	ding traffic offenses unle's laws or of any cour	less related to alcohol beverages) nty or municipal ordinances? Yes N
If yes to question 1, please list details of each convicti	ion below. Attach addit	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? Yes N
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? Yes N
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	•	Was sentence completed? Yes N
ordinances?		
Part E: Attestation		ests control at
READ CAREFULLY BEFORE SIGNING: Under pentruthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understar under penalty of state law. I further understand that I m with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this business nd that any license iss ay be prosecuted for si	sued contrary to Wis. Stat. Chapter 125 shall be voi
Signature		Date 12/03/2025
.5		



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Carson Blabaum

Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), This certificate represents the successful completion of an approved Wisconsin Department of and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com Training Provider

12/02/2025

Training Date

Form AB-100

Alcohol Beverage Individual Questionnaire

Date	
12/03/2025	,

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
 members and agent of a limited liability company
- · all partners of a partnership

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

Part A: Business Information										
1. Legal E	Business Name (ind	lividual n	ame if sole	proprietor)						
	S CAAL SER		LLC							
	ss Trade Name or I	DBA								
DINO)'S									
3. Entity	3. Entity Type (check one)									
☐ So	☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization							Organization		
Part B:	Individual Inf	ormati	on							
1. Last Na	ame				2. Fin	st Name				3. M.I.
BLAE	BAUM				AF	RIEL				R
4. Relatio	nship to Business ((Title)		5. Email					6. Phone	
OMNE	IR .			RONEL	LE.AR	IEL@GM	AIL.COM		(608)	331-7387
7. Home										
401	N JOHNSON	ST								
8. City					1	9. State	10. Zip Code		11. Date of	
DODG	EVILLE					WI	53533		07/28	
12. Drive	12. Drivers License/State ID Number 13. Drivers License/State ID State of Issuance								e	
B415	5-0768-7768	-00					WI			
Part C:	Address Hist	ory				0				
			nsin?						v	Yes 🗌 No
						44- VAC			(N	IM/YYYY)
If yes	, provide the mor	ith and y	year whe	n you permanen	tiy move	a to wisc	onsin			07/1987
2. List in	chronological or	der all d	of your ad	dresses within the	ne last 5	years. Att	ach additional she	ets if necess	ary.	
	Address 1				City			State	Zip Cod	е
401 N	JOHNSON S'	Т			DOL	DODGEVILLE			5353	3
Previous	Address 2				City				Zip Cod	е
107 N	LEVEL ST				DOL	DODGEVILLE			5353	33
	Address 3				City	City Stat			Zip Cod	е
Previous	Address 4				City			State	Zip Cod	de
Previous	Address 5				City			State	Zip Cod	de
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.										
State					State	County	State	County		
WI	County IOWA		WI	GRANT		WI	DANE	WI	1 .	
State	County		State	County		State	County	State	County	
WI	JEFFERSON	1	(#E1017E)				928			

Continued →

Part D: Criminal History							
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	ing traffic offenses unle	ess related to a y or municipal	alcohol beverages) ordinances?	. 🗸 Yes	☐ No		
If yes to question 1, please list details of each conviction	on below. Attach addition	nal sheets as	needed.				
Law/Ordinance Violated	Location			Conviction I			
Theft-Movable Property >\$10,000	PLATTEVILLE W	II		08/30,	/2010		
Penalty Imposed 90 DAYS RESTITUTION OF \$9821.61		Was sentend	ce completed?	. 🗹 Yes	☐ No		
Law/Ordinance Violated	Location			Conviction I	Date		
DUI	PLATTEVILLE W	VÍ					
Penalty Imposed		Was sentend	ce completed?	. 🗹 Yes	☐ No		
Law/Ordinance Violated	Location			Conviction I	Date		
DUI 2ND	PLATTEVILLE			10/14	/2013		
Penalty Imposed FINE \$1916.18 AND JAIL TIME		Was sentend	ce completed?	. 🗹 Yes	☐ No		
ordinances? If yes to question 2, describe nature and status of persheets as needed.		e space belov	w. Attach additional	. U Yes	₩ No		
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 12/0	3/2025			

1. 8

Form AB-101

Alcohol Beverage Appointment of Agent

Date			
12/	03/	202	25

✓ Original (no fee) Successor (\$10 fee for mu					
VI Original (no lee)	unicipal licen	sees only)			
Part A: Business Information					
Legal Business Name (individual name if sole proprietor)					
DINOS CAAL SERVICE LLC					
2. Business Trade Name or DBA					
DINO'S					
3. Entity Type (check one) Limited Liability Company		Corporation	☐ Nonprofit Organi:		
4. Alcohol Beverage Business Authorization (check one) Municipal Retail License	5. If successor agent, provide State Permit or Municipal Retail License Number				
Part B: Agent Information	2. First Name			3. M.I.	
1. Last Name					
BLABAUM	AKIED				
			5 Phone	R	
			5. Phone	R	
4. Email RONELLE.ARIEL@GMAIL.COM					
RONELLE.ARIEL@GMAIL.COM 6. Home Address				R	
RONELLE.ARIEL@GMAIL.COM 6. Home Address 401 N JOHNSON ST	l a Ctato	9 Zin Code	(608)	R 331-7387	
RONELLE.ARIEL@GMAIL.COM 6. Home Address 401 N JOHNSON ST 7. City	8. State	9. Zip Code 53533		R 331-7387	
RONELLE.ARIEL@GMAIL.COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE	8. State	53533	10. Date of B	R 331-7387 Sirth 1987	
RONELLE . ARIEL@GMAIL . COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE 11. Drivers License/State ID Number	1	53533 12. Drivers Lic	(608)	R 331-7387 Sirth 1987	
RONELLE.ARIEL@GMAIL.COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE	1	53533	10. Date of B	R 331-7387 Sirth 1987	
RONELLE . ARIEL@GMAIL . COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE 11. Drivers License/State ID Number	1	53533 12. Drivers Lic	10. Date of B	R 331-7387 Sirth 1987	
RONELLE . ARIEL@GMAIL . COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE 11. Drivers License/State ID Number	1	53533 12. Drivers Lic	10. Date of B	R 331-7387 Sirth 1987	
RONELLE . ARIEL@GMAIL . COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE 11. Drivers License/State ID Number	1	53533 12. Drivers Lic	10. Date of B	R 331-7387 Sirth 1987	
RONELLE.ARIEL@GMAIL.COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE 11. Drivers License/State ID Number B415-0168-7768-00 Part C: Agent Questions 1. Have you satisfied the responsible beverage server training	WI	53533 12. Drivers Lic WI	10. Date of B 07 28 ense/State ID State of Issuan	R 331-7387 Sirth 1987	
RONELLE . ARIEL@GMAIL . COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE 11. Drivers License/State ID Number B415-0168-7768-00 Part C: Agent Questions 1. Have you satisfied the responsible beverage server training Submit proof of completion.	mg requirem	53533 12. Drivers Lic WI ent?	10. Date of B 07 28 ense/State ID State of Issuan	R 331-7387 Birth 1987 Ice	
RONELLE.ARIEL@GMAIL.COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE 11. Drivers License/State ID Number B415-0168-7768-00 Part C: Agent Questions 1. Have you satisfied the responsible beverage server training Submit proof of completion. 2. Have you completed Form AB-100, Alcohol Beverage Independent of Form AB-300, Alcohol Beverage Personal Questionnaire	ng requirem	53533 12. Drivers Lic WI ent?	10. Date of B 07 28 ense/State ID State of Issuan	R 331-7387 Sirth 1987 Ce Yes No	
RONELLE . ARIEL@GMAIL . COM 6. Home Address 401 N JOHNSON ST 7. City DODGEVILLE 11. Drivers License/State ID Number B415-0168-7768-00 Part C: Agent Questions 1. Have you satisfied the responsible beverage server training Submit proof of completion.	ng requirem	53533 12. Drivers Lic WI ent?	10. Date of B 07 28 ense/State ID State of Issuan	R 331-7387 Sirth 1987 Ce Yes No	

READ CAREFULLY BEFORE SIGNING corporation, nonprofit organization, or libeverage activities on such premises. I on behalf of the entity. If I am appointing I understand that I may be prosecuted any person who knowingly provides mat if convicted.	mited liability com certify that I am an g a successor ager for submitting false	pany with full authority and con uthorized by the above-named on t, I rescind all previous agent a estatements and affidavits in co	atrol of the pro- entity to author ppointments f nnection with	emises and o orize this indi for this premis this applicati	vidual to act ses. Further, on, and that
Last Name		First Name			M.I.
BLABAUM		ARIEL			R
Title	Email			Phone	
OWNER	RONELLE	.ARIEL@GMAIL.COM		(608) 3	31-7387
Signature Bus			Date	12/03/20)
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING nonprofit organization, or limited liability on the premises for the above-named and affidavits in connection with this apapplication may be required to forfeit no	company and ass business. I further plication, and that	sume full responsibility for the co understand that I may be pros any person who knowingly provi	ecuted for su	ilconol bevera	age activities a statements nation on this
Last Name		First Name			M.I.
Signature			Date		

Part D: Business Attestation