

Temporary Alcohol Beverage License

Municipality C-Dodgeville

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$
	Background Check	\$
	Total Fees	\$ 10⁻

Part A: Organization Information			
1. Organization Name Dodgeville Revitalization			
2. Organization Permanent Address 338 N Iowa St			
3. City Dodgeville	4. State WI	5. Zip Code 53533	
6. Mailing Address (if different from permanent address)			
7. FEIN 39-1721973	8. Date of Organization/Incorporation	9. State of Organization/Incorporation WI	
10. Phone 608-935-9200	11. Email depot@mhtc.net		
12. Organization type (check one)			
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Wisconsin Seller's Permit Number (if applicable)			

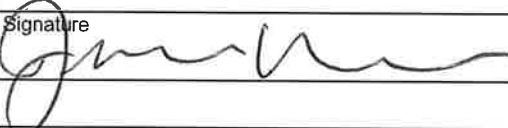
Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Wunderlin	Kari	President	
Walmer	Sally	Vice President	
Oellerich	Julia	Treasurer	
Vondra	Jenna	Executive Director	

Continued →

Part C: Event Information

1. Name of Event (if applicable) VibeStock Art Expo			
2. Dates of Operation 9/7/2024 09/08/2024		3. Hours of Operation	
4. Premises Address 600 N Bennett Rd			
5. City Dodgeville		6. State WI	7. Zip Code 53533
8. County Iowa	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Vibe Body Art LLC		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website		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. Ley Pavilion in Harris Park			

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	
Title Executive Director		Email depot@mhtc.net	M.I. Phone (608) 935-9200
Signature 		Date 07/23/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 7/23/24	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 