

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$
	Total Fees	\$ 40 ⁻

Part A: Organization Information

1. Organization Name
Ice Wolves Youth Hockey Association

2. Organization Permanent Address
PO Box 69

3. City
Dodgeville

4. State
WI

5. Zip Code
53533

6. Mailing Address (if different from permanent address)

7. FEIN
[REDACTED]

8. Date of Organization/Incorporation
APRIL 2000

9. State of Organization/Incorporation
Wisconsin

10. Phone
(608) 574-2303

11. Email
icewolvesprez@gmail.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
Levetzow	Kyle	President	[REDACTED]
Currie	Ryan	Vice President	[REDACTED]
Batton	Allison	Treasurer	[REDACTED]
Ley	Tricia	Secretary	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Ice Wolves Youth Hockey			
2. Dates of Operation see attached		3. Hours of Operation 9:00am - 11:00pm	
4. Premises Address 600 Bennett Road			
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: <u>Dodgeville</u>		10. Aldermanic District Ward 7
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event icewolvesprez@gmail.com	
13. Organizer Website www.icewolveshockey.org		14. Event Website www.icewolveshockey.org	
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. Harris Park Ley Memorial Pavilion 27,000 square foot, multi purpose facility used for winter hockey, concessions area, storage areas, restrooms and zamboni garage			

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 Levetzow		First Name Kyle	M.I. M
Title President	Email icewolvesprez@gmail.com		Phone (608) 574-2303
Signature 		Date 9/10/24	

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	

Ice Wolves Youth Hockey Association Events – Attachment Part C

Ice Wolves Alumni Game 12/28/2024

Ice Wolves U10 Hockey Tournament 1/10/25 – 1/12/2025

Ice Wolves Midget / U18 Hockey Tournament 1/24/25 – 1/26/25

Ice Wolves U12 Hockey Tournament 2/14/25 – 2/16/25