

APPLICATION DETAILS

APPLICATION DATE: 4/29/26 LICENSE YEAR: July 1, 2026 - June 30, 2027

BUSINESS NAME: Bob's Bitchin BBQ APPLICANT NAME: Robert Page

BUSINESS ADDRESS: 167 N. Iowa Street

PHONE: 608-930-2229 EMAIL: info@bobsbitchinbbq.com

TO INCLUDE WITH YOUR APPLICATION:

- Proof of Liability Insurance
- Sketch or Plot Plan that must include: Street Name, Side(s) of Building, Outdoor Seating Layout, fencing location, and parking stalls needed
- Photos or product specs for the barricade or fencing that will be used
- If serving alcohol, your liquor license will have to be amended to include the expanded area

PROVIDE ADDITIONAL DETAILS DESCRIBING YOUR OUTDOOR LAYOUT (Include garbage collection plans):

on the side of the building on Mennac Street. First 3
parking spaces - 4 tables - 2 tables on sidewalk - fencing in
the street. Photo provided.

Applicant understands Chapter 12.025 of the Dodgeville Municipal Code that governs 'Extension of Premises' in the City of Dodgeville and agrees to comply with those regulations.

Signature: Robert Page Date: 4/29/26

FOR OFFICE USE ONLY

Proof of Insurance Provided: YES NO

Police Review : YES NO

Public Works Review: YES NO

Council Approval: YES NO

Issue Date: _____

PERMIT #: _____





GERMANTOWN MUTUAL INSURANCE COMPANY

W209 N11845 Insurance Place ■ P.O. Box 1020
Germantown, WI 53022-8220 ■ PH 262-251-6680

Renewal Premium Due

Policy Number: 1108496 **Policy Effective Date:** 09/01/2025 **Policy Expiration Date:** 09/01/2026 12:01 A.M.
Process Date: 08/02/2025 standard time at your
Line of Business: Business Owners mailing address shown
in the declarations

Named Insured & Mailing Address:

BOB'S BITCHIN BBQ, LLC.
167 N IOWA STREET
DODGEVILLE, WI 53533

Agency Name and Number:

00366
TOWN & COUNTRY INSURANCE
PO BOX 152
BLANCHARDVILLE, WI 53516-0152

Phone Number: (608)930-2227
Email: INFO@BOBSBITCHINBBQ.COM

Phone Number: (608)523-4218

Dear Valued Customer:

This is the first payment due for the renewal of your policy. The policy expires on the Policy Effective Date shown. If we do not receive one of the payment options at our Home Office by the Due Date, your policy will be cancelled effective 12:01 a.m. standard time at your mailing address shown in the declarations on the Policy Effective Date for non-payment of premium.

To eliminate installment fees, pay your premium with an Automatic Electronic Funds Transfer (EFT) from your bank account. Please include a voided check with your information provided on the coupon below.

Payment Options:	Total Premium Due:	\$10,984.00	EFT Options:	
Full Pay Premium	\$10,984.00		Full Pay EFT Premium	\$10,984.00
2 Pay Premium	\$5,492.00		2 Pay EFT Premium	\$5,492.00
4 Pay Premium	\$2,746.00		4 Pay EFT Premium	\$2,746.00
10 Pay Premium	\$1,098.40		Monthly EFT Premium	\$914.97
A \$3.00 service fee is included in each future installment payment.			Please contact your agent to submit bank information for recurring electronic funds transfers.	

Receipt of uncollectible funds constitutes nonpayment of premium. Our charge for a dishonored payment is \$25.00.
Policyholder Portal - visit www.gmic.com to pay your bill online