

Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

**Application Type (check one)**

Initial (New)       Renewal

**License(s) Requested:** (up to two boxes may be checked)

Class "A" Beer ..... \$ \_\_\_\_\_       Class "B" Beer ..... \$ \_\_\_\_\_  
 "Class A" Liquor ..... \$ \_\_\_\_\_       Regular "Class B" Liquor \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_       Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_       Above-Quota "Class B" Liquor ..... \$ \_\_\_\_\_

Fees	
License Fee(s)	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
<b>Total Fees</b>	<b>\$ _____</b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship)  
*Cathryn's Market*

2. Business Trade Name or DBA  
*Cathryn's Market*

3. FEIN *87-4839501*      4. Wisconsin Seller's Permit Number *2025-BC1/456-1031048103-04*

5. Entity Type (check one)  
 Sole Proprietor     Partnership     Limited Liability Company     Corporation     Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? .....  Yes     No  
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization *Wisconsin*      8. Date of Organization \_\_\_\_\_      9. Wisconsin DFI Registration Number \_\_\_\_\_

10. Premises Address  
*206 N Iowa St*

11. City *Dodgeville*      12. State *WI*      13. Zip Code *53533*

14. County *Iowa*      15. Governing Municipality:  City     Town     Village  
 of: *Dodgeville*      16. Aldermanic District \_\_\_\_\_

17. Premises Phone *608-930-2777*      18. Premises Email *Cathrynsmkt@yahoo.com*      19. Website *Cathrynsmarket.com*

20. Premises Description  
**Initial (New Applicants Only):** Describe the building or buildings where alcohol beverages are produced, 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.  
**Renewal Applicants Only:** I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)  
*206 N. Iowa Street*

22. City *Dodgeville*      23. State *WI*      24. Zip Code *53533*

**Part B: Questions**

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.  Yes     No  
 If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages.  Yes  No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler?  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion.  Yes  No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?  Yes  No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees?  Yes  No

**Part C: Individual Information**

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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 <i>Gronger</i>	First Name <i>Clifford</i>	M.I. <i>P</i>
Title <i>owner</i>	Email <i>CliffGronger27@yahoo.com</i>	Phone <i>708-834-8187</i>
Signature <i>[Signature]</i>		Date <i>3/11/2026</i>

**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		Date Provisional License Issued (if applicable)	



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

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

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <u>Cathryn's Market</u>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name <u>Genyer</u>	2. First Name <u>Cathryn</u>	3. M.I. <u>M</u>	
4. Relationship to Business (Title) <u>owner</u>	5. Email <u>cathrynsmbt@yahoo.com</u>	6. Phone <u>608-930-2727</u>	
7. Home Address <u>4014 County Rd Y</u>			
8. City <u>Dodgeville</u>	9. State <u>WI</u>	10. Zip Code <u>53533</u>	11. Date of Birth
12. Driver's License/State ID Number <u>6960-1136-6583-04</u>		13. Driver's License/State ID State of Issuance <u>Wisconsin</u>	

<b>Part C: Address History</b>			
1. Do you currently live in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin .....			(MM/YYYY) <u>02/2015</u>
2. List in chronological order all of your addresses <b>within the last 5 years</b> . Attach additional sheets if necessary.			
Previous Address 1 <u>4014 County Rd Y</u>	City <u>Dodgeville</u>	State <u>WI</u>	Zip Code <u>53533</u>
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <u>WI</u>	County <u>Iowa</u>	State <u>IL</u>	County <u>Coak</u>
State <u>IN</u>	County <u>Joseph</u>	State <u>WI</u>	County <u>Kalamazoo</u>
State <u>MI</u>	County <u>Kent</u>	State <u>CO</u>	County <u>Ourray</u>

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**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 5/13/26

# Alcohol Beverage Individual Questionnaire

Date 5/13/26

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

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

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) <i>Cathy's Market</i>	
2. Business Trade Name or DBA 	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>				
1. Last Name <i>Gonger</i>	2. First Name <i>Clifford</i>	3. M.I. <i>P</i>		
4. Relationship to Business (Title) <i>owner</i>	5. Email <i>cliffgonger27@yahoo.com</i>	6. Phone <i>708-834-9189</i>		
7. Home Address <i>4014 County Rd Y</i>				
8. City <i>Dodgerille, WI</i>	9. State <i>WI</i>	10. Zip Code <i>53533</i>	11. Date of Birth <i>3/27/63</i>	
12. Driver's License/State ID Number <i>G560-1156-3107-03</i>		13. Driver's License/State ID State of Issuance <i>Wisconsin</i>		

<b>Part C: Address History</b>					
1. Do you currently live in Wisconsin? .....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the month and year when you permanently moved to Wisconsin .....				(MM/YYYY) <i>06/2012</i>	
2. List in chronological order all of your addresses <b>within the last 5 years</b> . Attach additional sheets if necessary.					
Previous Address 1 <i>4014 County Rd Y</i>	City <i>Dodgerille</i>	State <i>WI</i>	Zip Code <i>53533</i>		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <i>WI</i>	County <i>Iowa</i>	State <i>IL</i>	County <i>Cook</i>	State <i>MN</i>	County <i>Hennepin</i>
State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**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 5/13/26

**Agent Type** (check one)

Original (no fee)       Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
*Cathryn's Market*

2. Business Trade Name or DBA

3. Entity Type (check one)       Limited Liability Company       Corporation       Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)      5. If successor agent, provide State Permit or Municipal Retail License Number

Municipal Retail License       State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

**Part B: Agent Information**

1. Last Name      2. First Name      3. M.I.

*Ganyer*      *Cathryn*      *M*

4. Email      5. Phone

*cathrynsmkf@yahoo.com*      *(608) 930-2777*

6. Home Address

*4614 County Rd Y*

7. City      8. State      9. Zip Code      10. Date of Birth

*Dodgeville*      *WI*      *53533*      *3/3/66*

11. Driver's License/State ID Number      12. Driver's License/State ID State of Issuance

*6900-1136-6583-04*

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? .....  Yes     No  
Submit proof of completion.

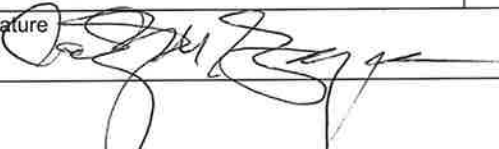
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? .....  Yes     No

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes     No  
See instructions for exceptions.

Continued →


**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 <i>Conyer</i>	First Name <i>Cathryn</i>	M.I. <i>M</i>
Title <i>owner</i>	Email <i>cathrynsmlet@yahoo.com</i>	Phone <i>608-930 2777</i>
Signature 	Date <i>5/13/20</i>	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 <i>Cathryn M Conyer</i>	First Name <i>Cathryn</i>	M.I. <i>M</i>
Signature 	Date <i>5/13/20</i>	