

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- Class "A" Beer \$ _____ Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600. ⁰⁰
Background Check Fee	\$ 14. ⁰⁰
Publication Fee	\$ 13. ⁰⁰
Total Fees	\$ 627.⁰⁰

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) DINOS CAAL SERVICE LLC		
2. Business Trade Name or DBA DINO ' S		
3. FEIN 41-2617558	4. Wisconsin Seller's Permit Number 456-1032213345-04	
5. 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		
6. State of Organization WI	7. Date of Organization 10/28/2025	8. Wisconsin DFI Registration Number D084127
9. Premises Address 110 DIAGONAL ST		
10. City DODGEVILLE	11. State WI	12. Zip Code 53533
13. County Iowa	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: DODGEVILLE	15. Aldermanic District 2
16. Premises Phone (608) 642-3215	17. Premises Email CRSN_BLM@YAHOO.COM	18. Website
19. Premises Description - 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. 2 STORY BUILDING WITH DINING ROOM AND BAR AREA. INCLUDES A KITCHEN AND STORAGE AREA IN THE BACK. FENCED IN BEER GARDEN AREA ON NORTH AND SOUTH EAST SIDES OF BUILDING. SEE ATTACHED.		
20. Mailing Address (if different from premises address) 401 N JOHNSONS ST		
21. City DODGEVILLE	22. State WI	23. 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 .. Yes No
 beverages.
 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 distributor? .. Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? .. Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

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

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

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

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

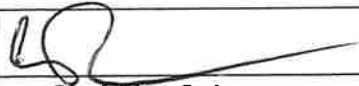
Last Name	First Name	Title	Phone
BLABAUM	CARSON	OWNER	(608) 642-3215
BLABAUM	ARIEL	OWNER	(608) 331-7837

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 BLABAUM	First Name CARSON	M.I. J
Title OWNER	Email CRSN_BLBM@YAHOO.COM	Phone (608) 642-3215
Signature 		Date 05/04/26

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)

Alcohol Beverage Appointment of Agent

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) DINOS CAAL SERVICE LLC	
2. Business Trade Name or DBA DINO ' S	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

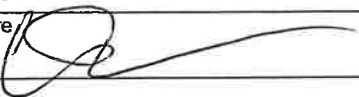
Part B: Agent Information			
1. Last Name BLABAUM	2. First Name CARSON	3. M.I. J	
4. Email CRSN_BIBM@YAHOO.COM		5. Phone (608) 642-3215	
6. Home Address 401 N JOHNSON ST			
7. City DODGEVILLE	8. State WI	9. Zip Code 53533	10. Date of Birth 01 13 1984
11. Drivers License/State ID Number B415-1108-4013-01		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 BLABAUM		First Name CARSON		M.I. J
Title OWNER	Email CRSN_BLBM@YAHOO.COM		Phone (608) 642-3215	
Signature 			Date 05/04/26	

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		First Name		M.I.
Signature			Date	

Alcohol Beverage Appointment of Agent

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)

DINOS CAAL SERVICE LLC

2. Business Trade Name or DBA

DINO ' S

3. Entity Type *(check one)*

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*

- Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

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

Part B: Agent Information

1. Last Name BLABAUM	2. First Name ARIEL	3. M.I. R
4. Email RONELLE.ARIEL@GMAIL.COM		5. Phone (608) 331-7387
6. Home Address 401 N JOHNSON ST		
7. City DODGEVILLE	8. State WI	9. Zip Code 53533
		10. Date of Birth 07 28 1987
11. Drivers License/State ID Number B415-0168-7768-00		12. Drivers License/State ID State of Issuance WI


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 BLABAUM		First Name ARIEL		M.I. R
Title OWNER	Email RONELLE.ARIEL@GMAIL.COM		Phone (608) 331-7387	
Signature 			Date 05/04/26	

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 		First Name		M.I.
Signature			Date	

Alcohol Beverage Individual Questionnaire

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. 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)			
<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			

Part B: Individual Information					
1. Last Name BLABAUM		2. First Name CARSON		3. M.I. J	
4. Relationship to Business (Title) OWNER		5. Email CRSN_BIBM@YAHOO.COM		6. Phone (608) 642-3215	
7. Home Address 401 N JOHNSON ST					
8. City DODGEVILLE		9. State WI	10. Zip Code 53533		11. Date of Birth 01/13/19
12. Drivers License/State ID Number B415-1108-4013-01			13. Drivers License/State ID State of Issuance WI		

Part C: Address History					
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) 01/1984		
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 401 N JOHNSON ST		City DODGEVILLE	State WI	Zip Code 53533	
Previous Address 2 107 N LEVEL ST		City DODGEVILLE	State WI	Zip Code 53533	
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 WI	County IOWA	State WI	County GRANT	State	County
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 05/04/2026
---	--------------------

Alcohol Beverage Individual Questionnaire

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 or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. 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) <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	

Part B: Individual Information				
1. Last Name BLABAUM		2. First Name ARIEL		3. M.I. R
4. Relationship to Business (Title) OWNER		5. Email RONELLE.ARIEL@GMAIL.COM		6. Phone (608) 331-7387
7. Home Address 401 N JOHNSON ST				
8. City DODGEVILLE		9. State WI	10. Zip Code 53533	11. Date of Birth 07/28/19
12. Drivers License/State ID Number B415-0768-7768-00			13. Drivers License/State ID State of Issuance WI	

Part C: Address History				
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) 07/1987
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.				
Previous Address 1 401 N JOHNSON ST	City DODGEVILLE	State WI	Zip Code 53533	
Previous Address 2 107 N LEVEL ST	City DODGEVILLE	State WI	Zip Code 53533	
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 WI	County IOWA	State WI	County GRANT	State WI
			County DANE	State WI
				County ROCK
State WI	County JEFFERSON	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 Theft-Movable Property >\$10,000	Location PLATTEVILLE WI	Conviction Date 08/30/2010
Penalty Imposed 90 DAYS RESTITUTION OF \$9821.61		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated DUI	Location PLATTEVILLE WI	Conviction Date
Penalty Imposed		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated DUI 2ND	Location PLATTEVILLE	Conviction Date 10/14/2013
Penalty Imposed FINE \$1916.18 AND JAIL TIME		Was sentence completed? <input checked="" 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 05/04/2026
--	--------------------



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

000202

Letter ID L1491628464

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 Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1032213345-04