



**EXTENSION OF PREMISES
PERMIT APPLICATION**

APPLICATION DETAILS


APPLICATION DATE: 05/04/2026 LICENSE YEAR: July 1, 2026 – June 30, 2027
BUSINESS NAME: Dinos CAAL Service LLC APPLICANT NAME: Carson Blabaum
BUSINESS ADDRESS: 110 Diagonal St
PHONE: 608-642-3215 EMAIL: dinos.dodgeville@gmail.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):
Fenced area North of building and fenced area Sout East of building

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:  Date: 05/04/2026

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

New Business Premium Due
**** Mortgagee has been billed ****

Policy Number: 1119555 **Policy Effective Date:** 01/05/2026 **Policy Expiration Date:** 01/05/2027 12:01 A.M.
Process Date: 12/23/2025 standard time at your
Line of Business: Business Owners mailing address shown
in the declarations

Named Insured & Mailing Address:

DINO'S CAAL SERVICE LLC
110 DIAGONAL ST
DODGEVILLE, WI 53533

Agency Name and Number:

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

Phone: (608)642-3215

Phone: (608)523-4218

Dear Valued Customer:

The Due Date for your first payment is shown below. Please select one of the payment options shown below and remit your payment by the Due Date. If we do not receive your payment 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. Thank you for your business.

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.

Total Premium Due: \$6,318.00

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



Escrow Billed

**Premium Due Notice has been
mailed to the Mortgagee on record.**

Policy Number
1119555

Total Premium Due:

**Amount
Enclosed**

**Payment
Due Date**

Do Not Send Cash.
BILL-NB 12/23/2025

\$6,318.00

\$

01/07/2026

Change of Address

Germantown Mutual Insurance Company
P.O. Box 3111
Milwaukee, Wisconsin 53201-3111

DINO'S CAAL SERVICE LLC
110 DIAGONAL ST
DODGEVILLE WI 53533

1119555010100631800020031590004001579500000000000010720261119

N Montgomery St

N Montgomery St

N Montgomery St

 Dino's Bar & Grill

Diagonal St

Diagonal St

N Iowa St

N Iowa St

A great look salon







Google Maps