

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) | Fees | | | | | | | | |
|---|---|----------------|------------------|----------------------|----------------|-----------------|-----------------|-------------------|-------------------------|
| <input checked="" type="checkbox"/> Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u> <input checked="" type="checkbox"/> "Class A" Liquor \$ _____ <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>500</u> <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>License Fee(s)</td> <td style="text-align: right;">\$ <u>600.00</u></td> </tr> <tr> <td>Background Check Fee</td> <td style="text-align: right;">\$ <u>7.00</u></td> </tr> <tr> <td>Publication Fee</td> <td style="text-align: right;">\$ <u>13.00</u></td> </tr> <tr> <td>Total Fees</td> <td style="text-align: right;">\$ <u>620.00</u></td> </tr> </table> | License Fee(s) | \$ <u>600.00</u> | Background Check Fee | \$ <u>7.00</u> | Publication Fee | \$ <u>13.00</u> | Total Fees | \$ <u>620.00</u> |
| License Fee(s) | \$ <u>600.00</u> | | | | | | | | |
| Background Check Fee | \$ <u>7.00</u> | | | | | | | | |
| Publication Fee | \$ <u>13.00</u> | | | | | | | | |
| Total Fees | \$ <u>620.00</u> | | | | | | | | |

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
MAG ENTERTAINMENT LLC

2. Business Trade Name or DBA
DUKES BREW PUB AND ALE HOUSE

3. FEIN 45-4662614 4. Wisconsin Seller's Permit Number 456-1027844664-02

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 WI 8. Date of Organization 2014 9. Wisconsin DFI Registration Number _____

10. Premises Address
105 E. CHAPEL ST

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

14. County JACKSON 15. Governing Municipality: City Town Village
 of: Dodgeville 16. Aldermanic District _____

17. Premises Phone 608-341-5192 18. Premises Email souped911@gmail.com 19. Website _____

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)
P.O. Box 147 Dodgeville,

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>Marklein</i> | | First Name <i>Dennis</i> | | M.I. <i>J</i> |
| Title <i>owner</i> | Email <i>souped911@gmail.com</i> | | Phone <i>608-341-5152</i> | |
| Signature <i>[Signature]</i> | | | Date <i>5/6/26</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) |

Alcohol Beverage Appointment of Agent

Date

| | |
|---|--|
| Agent Type (check one) | |
| <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) <i>MAG Entertainment LLC</i> | |
| 2. Business Trade Name or DBA <i>Dukes Brew Pub & Ale House</i> | |
| 3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization | |
| 4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input checked="" 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 <i>MARKOW</i> | 2. First Name <i>DENNIS</i> | 3. M.I. <i>J</i> | | |
| 4. Email <i>souped911@gmail.com</i> | | 5. Phone <i>608-341-5152</i> | | |
| 6. Home Address <i>210 Kings Ct.</i> | | | | |
| 7. City <i>Dodgeville</i> | 8. State <i>WI</i> | 9. Zip Code <i>53537</i> | 10. Date of Birth <i>8/23/56</i> | |
| 11. Driver's License/State ID Number <i>M624-1705-6303-05</i> | | 12. Driver's License/State ID State of Issuance <i>WISC</i> | | |

| | |
|--|---|
| 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? See instructions for exceptions. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Continued →

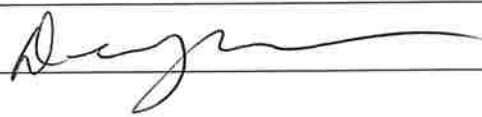
Part D: Business Attestation

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>Marklein</i> | | First Name <i>Dennis</i> | | M.I. <i>J</i> |
| Title <i>owner</i> | Email <i>souped911@gmail.com</i> | | Phone <i>608-341-5152</i> | |
| Signature  | | | Date | |

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>Dennis marklein</i> | | First Name <i>Dennis</i> | | M.I. <i>J</i> |
| Signature  | | | Date <i>5/6/26</i> | |

Alcohol Beverage Individual Questionnaire

Date
5/16/26

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.

| | | | |
|--|--------------------------------------|---|--|
| Part A: Business Information | | | |
| 1. Legal Business Name (individual name if sole proprietor) Mit Entertainment LLC Dukes Brew Pub + Ale House | | | |
| 2. Business Trade Name or DBA dba DUKES BREW PUB and Ale House | | | |
| 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 Marklein | | 2. First Name Dennis | | 3. M.I. J. |
| 4. Relationship to Business (Title) owner | | 5. Email souped911@gmail.com | | 6. Phone 608-341-5152 |
| 7. Home Address 210 Kings Ct. | | | | |
| 8. City Dodgeville | | 9. State WI | 10. Zip Code 53533 | 11. Date of Birth 8/23/1956 |
| 12. Driver's License/State ID Number M624-1705-6303-05 | | | 13. Driver's License/State ID State of Issuance WISCONSIN | |

| | | | | |
|--|---------------------------|--------------------|--------------------------|---|
| 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) 8/1956 |
| 2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary. | | | | |
| Previous Address 1 210 Kings Ct. | City Dodgeville | State WI | Zip Code 53533 | |
| 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 WI | County Iowa | State | County | State |
| State | County | State | County | State |

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 5/6/26



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

Letter ID L0082479024

JAY R LINDNER
 MAG ENTERTAINMENT LLC
 210 KINGS CT
 DODGEVILLE WI 53533-1668

Wisconsin Department of Revenue Seller's Permit

Legal/real name: MAG ENTERTAINMENT LLC
Business name: DUKE'S BREW PUB & ALE HOUSE
 105 E CHAPEL STREET
 DODGEVILLE WI 53533-0000

- 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 | 456-1027844664-02 |