

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 ..... \$ <u>75.00</u> <input type="checkbox"/> Class "B" Beer ..... \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">License Fee(s)</td> <td style="width: 30%;">\$ <u>325.00</u></td> </tr> <tr> <td>Background Check Fee</td> <td>\$ <u>7.00</u></td> </tr> <tr> <td>Publication Fee</td> <td>\$ <u>13.00</u></td> </tr> <tr> <td><b>Total Fees</b></td> <td><b>\$ <u>345.00</u></b></td> </tr> </table>	License Fee(s)	\$ <u>325.00</u>	Background Check Fee	\$ <u>7.00</u>	Publication Fee	\$ <u>13.00</u>	<b>Total Fees</b>	<b>\$ <u>345.00</u></b>
License Fee(s)	\$ <u>325.00</u>								
Background Check Fee	\$ <u>7.00</u>								
Publication Fee	\$ <u>13.00</u>								
<b>Total Fees</b>	<b>\$ <u>345.00</u></b>								
<input checked="" type="checkbox"/> "Class A" Liquor ..... \$ <u>250.00</u> <input type="checkbox"/> Regular "Class B" Liquor \$ _____									
<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 ..... \$ _____									

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) DODEVILLE LIQUOR INC			
2. Business Trade Name or DBA DEAN'S LIQUOR			
3. FEIN 39-3920552		4. Wisconsin Seller's Permit Number 456-1032152773-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 08/19/2025	9. Wisconsin DFI Registration Number 600-1032152773-01
10. Premises Address 205 CO HWY YZ			
11. City DODGEVILLE		12. State WI	13. Zip Code 53533
14. County Iowa <input checked="" type="checkbox"/>		15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: DODGEVILLE	16. Aldermanic District
17. Premises Phone (608) 930-8880		18. Premises Email NAVADIAP@GMAIL.COM	19. Website
20. Premises Description <p><b>Initial (New Applicants Only):</b> 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.</p> <p><b>Renewal Applicants Only:</b> 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. <input type="checkbox"/></p> <p>SALES FLOOR AND STORAGE IN BASEMENT, BEER COOLER.</p>			
21. Mailing Address (if different from premises address) 205 CO HWY YZ			
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 checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input checked="" 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 NAVADIA	First Name PRAKASH	M.I.
Title OWNER	Email NAVADIAP@GMAIL.COM	Phone (262) 527-4213
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 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 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) DODGEVILLE LIQUOR INC	
2. Business Trade Name or DBA DEAN'S LIQUOR	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>					
1. Last Name NAVADIA		2. First Name PRAKASH		3. M.I.	
4. Relationship to Business (Title) OWNER		5. Email NAVADIAP@GMAIL.COM		6. Phone (262) 527-4213	
7. Home Address 7911 W EASTFIELD CIR					
8. City MEQUON		9. State WI	10. Zip Code 53097		11. Date of Birth 03/15/19
12. Driver's License/State ID Number N130-6608-9095-02			13. Driver's License/State ID State of Issuance WI		

<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) 07/2019
2. List in chronological order all of your addresses <b>within the last 5 years</b> . Attach additional sheets if necessary.					
Previous Address 1 W135 N7255 LUND CIR		City MENOMONEE FALL		State WI	Zip Code 53051
Previous Address 2 1202 RIDGE CREEK RD		City SAVOY		State IL	Zip Code 61874
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 IL	County CHAMAIN	State WI	County WAUKESHA	State	County
State WI	County OZAUKEE	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 checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" 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 <i>Pravash Navadia</i>	Date 05/04/2026
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## Alcohol Beverage Appointment of Agent

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) DODGEVILLE LIQUOR INC	
2. Business Trade Name or DBA DEAN'S LIQUOR	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <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.	

<b>Part B: Agent Information</b>			
1. Last Name NAVADIA	2. First Name PRAKASH	3. M.I.	
4. Email NAVADIAP@GMAIL.COM		5. Phone	
6. Home Address 7911 W EASTFIELD CIR			
7. City MEQUON	8. State WI	9. Zip Code 53097	10. Date of Birth 03/15/1989
11. Driver's License/State ID Number N130-6608-9095-02		12. Driver's License/State ID State of Issuance WI	

<b>Part C: Agent Questions</b>	
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 NAVADIA		First Name PRAKASH		M.I.
Title OWNER	Email NAVADIAP@GMAIL.COM		Phone (262) 527-4213	
Signature <i>Prakash Navadia</i>			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 NAVADIA		First Name PRAKASH		M.I.
Signature <i>Prakash Navadia</i>			Date 05/04/26	



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

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Letter ID L1872582320

PRAKASH NAVADIA  
 DODGEVILLE LIQUOR INC  
 205 COUNTY ROAD YZ  
 DODGEVILLE WI 53533-2109

**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** DODGEVILLE LIQUOR INC  
**Business name:** 205 COUNTY ROAD YZ  
 DODGEVILLE WI 53533-2109

- 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	456-1032152773-04