

Municipality

Form
AB-220

Temporary Alcohol Beverage License

License(s) Requested	Fees	
	<input checked="" type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
Background Check		\$
Total Fees		\$ 10.00

Part A: Organization Information				
1. Organization Name Upland Hills Health				
2. Organization Permanent Address 800 Compassion Way				
3. City Dodgeville			4. State WI	5. Zip Code 53586
6. Mailing Address (if different from permanent address)				
7. FEIN 42 1017512		8. Date of Organization/Incorporation 1973		9. State of Organization/Incorporation Wisconsin
10. Phone 608 930 7169		11. Email turpina@uplandhillshealth.org		
12. Organization type (check one)				
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Lee	Skip	Foundation President	(608) 514 4033
Boyer	Martha	Vice President	(608) 574 5236
Cates	Dick	Treasurer	(608) 588 2836
Martin	Joni	Secretary	(608) 341 8613
Turpin	Angela	Director	(608) 482 0479

Continued →

Part C: Event Information

1. Name of Event (if applicable) Sip & Savor		
2. Dates of Operation 07/11/2026	07/11/2026	3. Hours of Operation 10:00 11:00
4. Premises Address 600 Bennett Road		
5. City Dodgeville	6. State WI	7. Zip Code 53533
8. County Iowa	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Dodgeville	10. Aldermanic District
11. Organizer of Event (if not the named applicant) Angela Turpin	12. Email and/or Phone Number for Organizer of Event 608 930 7169turpina@uplandhillshealth.org	
13. Organizer Website Upland Hills health	14. Event Website Upland Hills Health Sip & Savor	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are 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. This event will be taking place at the Ley Memorial Pavilion.		

Part D: Attestation

Who must sign this application? • one officer or director of the nonprofit organization		
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 organization 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 according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted 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 Turpin	First Name Angela	M.I.
Title Foundation Director	Email turpina@uplandhillshealth.org	Phone (608) 930 7169
Signature Angela Turpin electronically signed 05/29/2026 11:38 am		Date 05/29/26

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	