

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ _____

Application Date: _____

☐ Town ☐ Village ☒ City of DODGEVILLE

County of _____

The named organization applies for: (check appropriate box(es).)

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 7:00 AM and ending 4:00 PM and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- ☒ Bona fide Club ☐ Church ☐ Lodge/Society
☐ Chamber of Commerce or similar Civic or Trade Organization
☐ Veteran's Organization ☐ Fair Association

(a) Name VENONA WILDCAT YOUTH HOCKEY ASSOC

(b) Address 451 E VENONA AVE VENONA WI
(Street) ☐ Town ☐ Village ☐ City

(c) Date organized OCT 95

(d) If corporation, give date of incorporation OCT 95

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President JASON MATTLIA 818 MAPLE RD VENONA WI 53593

Vice President JUSTIN TEMPLE 1108 GATEWAY PASS VENONA WI 53593

Secretary MEL EDITH GIBLER 325 MILITARY RIDGE VENONA 53593

Treasurer JOE GATTEL 936 ANN ST BELLEVILLE WI 53508

(g) Name and address of manager or person in charge of affair:

MICHAEL O'BRIEN 2821 ALLEGHENY DR MADISON WI 53719

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 600 N Bennett Rd

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? All

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event Dairyland Dave

(b) Dates of event 9/5/23

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Justin Temple
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Granted by Council _____

VENONA WILDCAT YOUTH HOCKEY ASSOC.
(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Reported to Council or Board _____

License No. _____