## **Temporary Alcohol Beverage License**

Municipality		
City	of	Dodgeville

License(s) Requested		Fe	ees
		License Fees	\$
✓ Temporary "Class B" Wine	Temporary Class "B" Beer	Background Check	\$
		Total Fees	\$ 10,102

Part A: Organization Informat	tion				
Organization Name					
Ice Wolves Youth Hoc	key A	ssociation			
2. Organization Permanent Address					
PO Box 69					
3. City				4. State	5. Zip Code
Dodgeville				WI	53533
6. Mailing Address (if different from per	manent a	ddress)			
7. FEIN		8. Date of Organization/Incorp		_	ization/Incorporation
39-2010154		3-24-2	001	Wisconsi	n
10. Phone		11. Email			
(608) 574-2303		icewolvesprez@g	gmail.com		
12. Organization type (check one)					
	Church	☐ Fair Association	/Agricultural Societ	y 🔲 Vete	eran's Organization
. —	Chambe	er of Commerce or similar C	ivic or Trade Orga	nization under o	ch. 181, Wis. Stats.
13. Is this organization required to h					Yes V No
Part B: Individual Information	n				
List the name, title, and phone null (Form AB-100) for each person list	ted belov	v. Attach additional sheets i	f necessary.	zation. Include a	an Individual Questionnaire
Corporations must also include Alo	cohol Be	verage Appointment of Age	nt (Form AB-101).		
Last Name	First Na	ime	Title		Phone
Levetzow	Kyle		President		(608) 574-2303
Olday	Jonat	han	Vice Presid	lent	(608) 577-1556
Ley	Trici	a	Treasurer		(608) 553-0622
Lee	Rache	1	Secretary		(715) 533-1370

Part C: Event Information							
Name of Event (if applicable)							
Ice Wolves Youth Hockey							
2. Dates of Operation			3. Hou	irs of Oper	ation		
see attached			9:0	00am -	11:00pm		
4. Premises Address							
600 Bennett Road							
5. City			6	. State	7. Zip Code		
Dodgeville				WI	53533		
8. County	9. Governing Munic	cipality 🗹 City 🗌 Town	☐ Vill	age 10	). Aldermanic District		
Iowa	of: <u>Dodgevi</u>				Ward 7		
11. Organizer of Event (if not the named applicar	nt)	12. Email and/or Phone Num			or Event		
		icewolvesprez@  14. Event Website	gmaı	1.com			
13. Organizer Website			o aled	** 0 ***			
www.icewolveshockey.org 15. Premises Description - Describe the built		www.icewolvesh			1		
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.  Harris Park Ley Memorial Pavilion 27,000 square foot, multi purpose facility used for winter hockey, concessions area, storage areas, restrooms and zamboni garage							
Part D: Attestation							
Who must sign this application?	organization						
one officer or director of the nonprofit of the nonp		Cl. I bear engineered on	ah af ti	ha abaya	augetions completely and		
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		First Name			M.I.		
Levetzow		Kyle			M		
Title	Email				Phone		
President, ,	icewo	olvesprez@gmail.com	1		(608) 574-2303		
Signature	1:		Da	/O -	1-25		
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							

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## Ice Wolves Youth Hockey Association Events – Attachment Part C

Ice Wolves U14 Hockey Tournament 12/12/25-12/14/25

Ice Wolves Alumni Game 12/27/2025

Ice Wolves U10 Hockey Tournament

1/9/2026 - 1/11/2026

Ice Wolves Midget / U18 Hockey Tournament

1/23/2026 - 1/25/2026

Ice Wolves U12 Hockey Tournament

2/13/2026 - 2/15/2026

#### **Alcohol Beverage Individual Questionnaire**

Date 09/13/2025

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
  members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

	Business Info								
-	Business Name (indi								
Ice Wolves Youth Hockey Association									
2. Busines	ss Trade Name or D	BA							
IWYH	A								
3. Entity T	ype (check one)								
☐ Sol	le Proprietor	☐ Partnership	Limited L	iability	/ Compan	y Corporation		Nonprofit C	rganization
Part B:	Individual Info	ormation							
1. Last Na	ame			2. Fire	st Name				3. M.I.
Leve	etzow			Ar	пУ				В
4. Relation	nship to Business (	Title)	5. Email					6. Phone	
Agen	t - Conces	sions	iwicec	once	ssions	@gmail.com		(608)	574-3286
7. Home A	Address								
5234	County Ro	ad YZ							
8. City					9. State	10. Zip Code		11. Date of B	
Dodg	geville				MI	53533		08/05	
12. Driver	s License/State ID	Number				13. Drivers License/Sta	te ID State	of Issuance	•
L132	-0027-6785	-02				MI			
Part C:	Address Histo	orv							
								· · · · · · · · · · · · · · · · · · ·	Yes 🗌 No
					1.1. 386			(MI	WYYYY)
If yes,	provide the mon	th and year wher	you permanently	move	a to wisco	onsin		# #3#3#\#O	08/1976
2. List in	chronological ord	der all of your add	dresses within the	last 5	years. Att	ach additional sheets if	necessa	ry.	
Previous /				City			State	Zip Code	
curre	nt address								
	Address 2			City			State	Zip Code	
Previous /	Address 3			City			State	Zip Code	
Previous	Address 4			City			State	Zip Code	Э
Previous	Address 5			City			State	Zip Code	9
2 1 104 -1	Letatoe and sour	ties you have live	ad in as an adult 4	Attach	additional	sheets if necessary	-1		
3. List all states and counties you have lived in as an adult. Attach additional sheets if neces				County	State	County			
State	County	State	County		State	County	Ciale	County	
WI	Dane	WI	Iowa County	-	State	County	State	County	
State	County	State	County		State	County	0.00.0	Journey	

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?								
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.								
Law/Ordinance Violated	Location	Location						
Penalty Imposed		Was sentend	e completed?		☐ No			
Law/Ordinance Violated	Location			Conviction I	Date			
Penalty Imposed		Was sentend	e completed?	. 🗌 Yes	☐ No			
Law/Ordinance Violated	Location			Conviction I	Date			
Penalty Imposed		Was sentend	ce completed?	. Yes	☐ No			
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of per sheets as needed.	nother state's laws or a	any county or	municipal	, Yes	<b>Ø</b> Æ No			
Part E: Attestation	100	10 10 10 10 10 10	9 Files - Taylor - Ta					
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 Amy Royl Low Stry			<b>Date</b> 09/1	3/2025				

### **Alcohol Beverage Individual Questionnaire**

Date	
09/13/2025	

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
   members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information					
1. Legal Business Name (individual name if sole					
Ice Wolves Youth Hockey A	ssociation				
2. Business Trade Name or DBA					
AHYWI					
3. Entity Type (check one)			<u></u>	_	
☐ Sole Proprietor ☐ Partnership	Limited Lia	bility Compan	y Corporation		Nonprofit Organization
Part B: Individual Information					
1. Last Name	2	. First Name			3. M.I.
Levetzow		Kyle			M
4. Relationship to Business (Title)	5. Email				6. Phone
President					
7. Home Address					
5234 County Road YZ					
8. City		9. State	10. Zip Code		11. Date of Birth
Dodgeville		WI	53533		09/09/79
12. Drivers License/State ID Number			13. Drivers License/Sta	te ID State	e of Issuance
L132-5137-9329-05			$ \omega $		
Part C: Address History					
Do you currently live in Wisconsin?					Yes No
If yes, provide the month and year when	you permanently m	oved to Wisc	onsin	•••••	03/1981
2. List in chronological order all of your add	resses within the la	st 5 years. Att	tach additional sheets if	necessa	ıry.
Previous Address 1		City		State	Zip Code
5234 Cty Rd YZ		Dodgeville h			53533
Previous Address 2	(	City St			Zip Code
Previous Address 3		City Sta			Zip Code
Previous Address 4		City		State	Zip Code
		•			
Previous Address 5		City		State	Zip Code
	1				
List all states and counties you have live	tin as an adult Att	ach additiona	I sheets if necessary		
		State	County	State	County
1 1 1	County	State	County	Ciale	Journey
W lowa	County	State	County	State	County
State County State	County	State	County	Cano	350,
			<u></u>		

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (excludition for violation of any federal, Wisconsin, or another state)	's laws or of any count	y or municipal ordinances?	. 🗌 Yes 🖟 No
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	14	Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of per sheets as needed.	nother state's laws or	any county or municipal	Yes 📉 No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issued the prosecuted for sul	due to any involvement in another ued contrary to Wis. Stat. Chapte bmitting false statements and affi	er 125 shall be void
Signature		Date /0-1-25	

### **Alcohol Beverage Individual Questionnaire**

Date	
09/13/2025	

All individuals involved in the alcohol beverage business must complete this form, including:

- all officers, directors, and agent of a corporation or nonprofit organization
   members and agent of a limited liability company
- sole proprietorall partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

	To beverage application								
	Business Information								
	usiness Name (individual n								
	Wolves Youth Ho	ockey A	Association						
2. Busines	ss Trade Name or DBA								
IWYH	A								
3. Entity T	ype (check one)					_			51.0
☐ Sol	☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization								
Part B:	Individual Informati	on							
1. Last Na				2. Firs	st Name				3. M.I
01	DAY				OWAT	HAN	1		I W
	nship to Business (Title)		5. Email	_(_		0.20			. Phone
	E PRESIDED	7	JOOCH	aan	Olda	Ban	nail. Com	6	08-577-1556
7. Home A			1001100	14.1	Jului,	1(3	CV.	12	
240		Ko	AD			1 40 =		14	1. Date of Birth
8. City				- 1	9. State		Code		/ /
	DOGEVILLE				WI	5	3533	12.0	10/11/1984
12. Driver	s License/State ID Number	•				13. Dr	ivers License/State		of Issuance
0:	130-4398-437	1-02				18	Wisconsi	<b>~</b>	
	10 10 10	1-0							
Part C:	Address History								
1. Do yo	u currently live in Wisco	nsin?							Yes No
_									(MM/YYYY)
If yes,	provide the month and	year wher	you permanently	move	d to Wisco	onsin .	**********		10/1984
2. List in	chronological order all	of your ad	dresses within the	last 5	years. Att	ach add	ditional sheets if r	necessar	y.
Previous		$\overline{}$		City				State	Zip Code
1	. 1	٧		I			=	W	53533
Previous /		Tron	77	DOSGEULLE				State	Zip Code
Previous	Address 2			l					
D	A dd-coo 2			City				State	Zip Code
Previous	Address 3			City					
				City				State	Zip Code
Previous	Address 4			City				State	Zip oode
				011				State	Zip Code
Previous Address 5 City State Zip Code							Zip Gode		
3. List al	I states and counties yo	u have liv	ed in as an adult. A	Attach	additional	sheets	if necessary.		
Stațe	County	State	County		State	County		State	County
Ü	IOWA								
State	County	State	County		State	County		State	County
	·		1						
	I								

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude)	ing traffic offenses unle	ess related to alcohol beverages)	
for violation of any federal, Wisconsin, or another state	s laws or of any count	y or municipal ordinances?	. Yes No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	l.	Was sentence completed?	. 🗌 Yes 🗌 No
Law/Ordinance Violated	Location	\	Conviction Date
Penalty Imposed	10	Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of persheets as needed.			Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted	ating in this business of that any license issued that any license issued for su	ued contrary to Wis. Stat. Chapt bmitting false statements and affi false information on this applicat	er 125 shall be void
Signature J.J. Z.		9-25-2	25

-2-

### Alcohol Beverage Individual Questionnaire

Date	
09/13/2025	5

All individuals involved in the alcohol beverage business must complete this form, including:

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
   members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information						
Legal Business Name (individual name if sole proprietor)						
Ice Wolves Youth Hockey Association	on					
2. Business Trade Name or DBA						
AHYWI						
3. Entity Type (check one)  Sole Proprietor Partnership Limite	ed Liability Co	mpany	☐ Corporation		Nonprofit Organization	
Part B: Individual Information						
1. Last Name	2. First Na	me			3. M.I.	
Ley		Thu	a		M	
4. Relationship to Business (Title) 5. Email ICLWO	lvestreas	urer	@gmail.com		6. Phone 608-553-0622	
7. Home Address 5434 Davis Rd					44 Date of Birth	
8. City Dodgeville	9. St	ILE II	10. Zip Code 53533		11. Date of Birth 4/7/1990	
12. Drivers License/State ID Number L 000 - 8139 - 0627 - 04			13. Drivers License/State Wis Lonsin		te of Issuance	
L000-8131-0021-07			131.5			
Part C: Address History					VYes No	
Do you currently live in Wisconsin?					(MM/YYYY)	
If yes, provide the month and year when you permanent	tly moved to	Wiscon	sin	• • • • •	04/1990	
2. List in chronological order all of your addresses within the	ne last 5 year	s. Attac	ch additional sheets if r	necessa	эгу.	
Previous Address 1 5434 Dans Rd	City	gev.		State	L 53533	
Previous Address 2	City			State	Zip Code	
Previous Address 3	City			State	Zıp Code	
Previous Address 4	City			State	Zip Code	
revious Address 5 City		City		State	Zip Code	
<ol> <li>List all states and counties you have lived in as an adult.</li> </ol>	. Attach addit	ional sh	neets if necessary.			
State County State County	State	в С	County	State	County	
WI Jowa WI Dane State County  State County	State	C	ounty	State	County	
WI Grant						

Continued →

Part D: Criminal History		1 =			
Have you ever been convicted of any off for violation of any federal, Wisconsin, or	r another state's laws or or any cu	ounty of municipal ordinances.	Yes No		
If yes to question 1, please list details of		ditional sneets as needed.	Conviction Date		
Law/Ordinance Violated	Location				
Penalty Imposed		Was sentence completed?		Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date		
Penalty Imposed		Was sentence completed?	. Yes No		
Law/Ordinance Violated	Location		Conviction Date		
Penalty Imposed		Was sentence completed?	Yes No		
If yes to question 2, describe nature and sheets as needed.					
Part E: Attestation  READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibited beverage industry as a restricted investo under penalty of state law. I further unders with this application, and that any person to forfeit not more than \$1,000 if convicted.	or. I understand that any license stand that I may be prosecuted for who knowingly provides material	issued contrary to Wis. Stat. Chap r submitting false statements and at ally false information on this applica	iter 125 shall be void		
Signalure	>	9/13/20	25		
	)				

# Alcohol Beverage Individual Questionnaire

Date	
09/13/2025	

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- · all officers, directors, and agent of a corporation or nonprofit organization
- · all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information					
Legal Business Name (individual name if sole proprietor)					
Ice Wolves Youth Hockey Association					
2. Business Trade Name or DBA					
IWYHA	-				
3. Entity Type (check one)  Sole Proprietor Partnership Limited L	iability Company	Corporation	₩ No	nprofit Organization	
Part B: Individual Information					
1. Last Name	2. First Name			3. M.I.	
1	12.00.1			A	
4 Relationship to Business (Title) 5. Email	Rackus		6.6	Phone	
4. (Clationship to Eddinose (Title)	0001001	C1 1 1200	100	5 533 1370	
	ragreeco	gmail. com	131	2 039 13 .	
7. Home Address	J				
3484 Veterans Pass	9. State	10. Zip Code	11	Date of Birth	
8. City	1 8	53533	04	1 4	
Dodgeville	W	13. Drivers License/State II		11111111111	
12. Drivers License/State ID Number		N. Carlo	D Glate of	issuarioo	
L000-7218-6437-05		W			
Part C: Address History					
Do you currently live in Wisconsin?				Yes No	
If yes, provide the month and year when you permanently	moved to Wiscons	sin		(MM/YYYY)	
				2 (12	
2. List in chronological order all of your addresses within the			cessary.	71.0.1.	
Previous Address 1	City	la la		Zip Code	
5484 Veturns PASS	Vodgeville		M	23233	
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.					
			01-1- [	Country	
State County State County	State	County	State	County	
W) Grant WI Dane			Ct-t-	County	
State County State County	State	County	State	County	
wy lowa					

Part D: Criminal History						
77-1-2001 <del>-0</del>	na traffic offenses unle	ess related to alcohol beverages)				
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?						
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets as needed.				
Law/Ordinance Violated	Location		Conviction Date			
Penalty Imposed		Was sentence completed?	. Yes No			
Law/Ordinance Violated	Location		Conviction Date			
Penalty Imposed		Was sentence completed?	. Yes No			
Law/Ordinance Violated	Location		Conviction Date			
Penalty Imposed		Was sentence completed?	. Yes No			
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or ar ordinances?  If yes to question 2, describe nature and status of pensheets as needed.	nother state's laws or	any county or municipal	. 🗌 Yes Dollo			
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 & Sup	2025			

AB-100 (R. 1-25) - 2 -

## Alcohol Beverage Appointment of Agent

Date	
09/13/2	2025

Agent Type (check one)					
✓ Original (no fee) Successor (\$10 fee for m	nunicipal licens	sees only)			
Part A: Business Information					
1. Legal Business Name (individual name if sole proprietor)					
Ice Wolves Youth Hockey Association					
2. Business Trade Name or DBA					
IWYHA					
3. Entity Type (check one)  Limited Liability Compan	у 🗆	Corporation	✓ Nonpi	ofit Organiz	ation
4. Alcohol Beverage Business Authorization (check one)	5. If successo	agent, provide Stat	e Permit or Muni	cipal Retail Li	cense Number
✓ Municipal Retail License ☐ State Permit					
Describe the reason for appointing a successor agent, if successor	r is checked ab	ove.			
Part B: Agent Information					
1. Last Name	2. First Name				3. M.I.
Levetzow	Amy				В
4. Email	1 111119		5	. Phone	
iwiceconcessions@gmail.com					74-3286
				( /	
6. Home Address					
5234 County Road YZ	8. State	9. Zip Code	14	0. Date of Bir	th
7. City		53533	1.	8/5/19	
Dodgeville	WI		nse/State ID Sta		
11. Drivers License/State ID Number			ilse/State ID Sta	te oi issualio	5
L13a-00a7-6785-0a		[W]			
Part C: Agent Questions					
					V DNa
<ol> <li>Have you satisfied the responsible beverage server train Submit proof of completion.</li> </ol>	ing requireme	nt?	in siele eleje elejele		Yes No
2. Have you completed Form AB-100, Alcohol Beverage Inc Form AB-300, Alcohol Beverage Personal Questionnaire	dividual Quesi (permittee)?	ionnaire (licensee	e) or · · · · · · · · · · · · · · · · · · ·	v	Yes No
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	nuous days?.			V	Yes No

Part D: Business Attestation						
READ CAREFULLY BEFORE SIGNING: I, the <b>Undersigned</b> , 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		First Name			M.I.	
Levetzow		Kyle			M	
Title	Email			Phone		
President , ,	icewolvesprez@gmail.com			(608) 5	74-2303	
Signature   Date   10 - 1 - 25						
Part E: Agent Attestation						
READ CAREFULLY BEFORE SIGNING: I, the <b>Agent</b> , 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		First Name			M.I.	
Levetzow		Amy			В	
Signature Beth Levet	$\tilde{w}$		Date 9-1	3-20	25	