

Municipality

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	\$

Part A: Organization Information		
1. Organization Name Dodgeville Revitalization/Dodgeville Chamber		
2. Organization Permanent Address 338 N Iowa St		
3. City Dodgeville	4. State WI	5. Zip Code 53533
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation WI
10. Phone (608) 935-9200	11. Email depot@mhtc.net	
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
Wunderlin	Kari	President	
Walmer	Sally	Vice President	
Oellerich	Julia	Treasurer	
Vondra	Jenna	Executive Director	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Spooky HalloWine and Boos Walk			
2. Dates of Operation 10/26/2024		3. Hours of Operation 5:30 PM -8:30 PM	
4. Premises Address 338 N Iowa Street			
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: _____		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event depot@mhtc.net	
13. Organizer Website www.dodgeville.com		14. Event Website	
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. Different businesses locations along Iowa Street that people can visit and taste either a white or red wine or a beer option.			

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 Vondra		First Name Jennifer	M.I.
Title Executive Director	Email depot@mhtc.net		Phone (608) 935-9200
Signature		Date 09/23/20	

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	

Host Locations

Dodgeville Chamber (Farmers Savings Bank and Mayhem to Manners located in the Chamber)

338 N Iowa St. Dodgeville, WI
Jenna Vondra-Licensed Bartender
Premises-Chamber of Commerce

Cathryn's Market (Compeer Financial partnering with them)

206 N Iowa St. Dodgeville, WI
Cliff Gomnager-Licensed Bartender
Premises-Cafe

BPA Boutique

146 N Iowa St. Dodgeville, WI
One of the licensed bartenders with the Chamber
Premise- Clothing boutique

Pie Chart Pizza

Dipper Lot 410 N Iowa St. Dodgeville, WI
Jenna Vondra-Licensed Bartender (attached premises to the Chamber Building)
Premises-Parking Lot

Lundell Insurance (Rodina Real Estate host will be in the same location)

130 N Iowa St. Dodgeville, WI
Chanee Boehnen-Licensed Bartender
Premises-Insurance Office

Vibe Body Art

107 N Iowa St. Dodgeville, WI
Janice Grayson-Licensed Bartender
Premises-Tattoo Shop

Steph's Sweet Treats

133 N Iowa St. Dodgeville, WI
Jeff Grayson-Licensed Bartender

Premises-Clothing and cupcake shop

Red Room Bar and Restaurant

108 E Merrimac St. Dodgeville, WI

Lauri Uren-Licensed Bartender

Premises-Bar and Restaurant

Professional Brokers, LLC

117 N Iowa St. Dodgeville, WI

Chamber Board Member-Licensed Bartender

Premises-Hair salon/Air BNB

True Action Realty

(hosting in Duke's)

105 E Chapel St. Dodgeville, WI

Premises-Bar

Licensed Bartender from Duke's Staff on Premises