

## Temporary Alcohol Beverage License

Municipality  
City of Dodgeville

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$
	Background Check	\$
	Total Fees	\$ 0.00

## Part A: Organization Information

1. Organization Name Dodgeville Volunteer Fire Dept		
2. Organization Permanent Address 401 N Level		
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
10. Phone (608) 574-2432	11. Email dfire@mhtc.net	
12. Organization type (check one) <input checked="" 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 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 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).

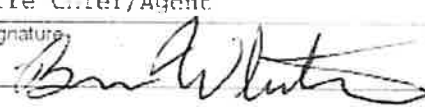
Last Name	First Name	Title	Phone
Whitehouse	Brian	Chief/Agent	(608) 574-2432

Continued →

**Part C: Event Information**

1. Name of Event (if applicable): Dodgeville Volunteer Fire Department beverage service during Cancer Coalition			
2. Dates of Operation 08/16/25		3. Hours of Operation 08/16/25 3pm-8pm	
4. Premises Address Lands' End Ln			
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) Dodgeville Fire Department		12. Email and/or Phone Number for Organizer of Event dfire@mhtc.net	
13. Organizer Website		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.  We will hold a fundraiser event on the Lands' End campus where we will be set up in a tent to provide alcoholic beverages on site during an event there. Beverages will be stored in a locked, refrigerated trailer until time to serve. We have licensed servers that will be present while we will be serving.			

**Part D: Attestation**

Who must sign this application? • one officer or director of the nonprofit organization			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 Whitehouse		First Name Brian	MI H
Title Fire Chief/Agent	Email dfire@mhtc.net		Phone (608) 574-2432
Signature 			Date 08/04/25

**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	

Alcohol Beverage  
Individual QuestionnaireDate  
8/4/25

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**

1. Legal Business Name (individual name if sole proprietor)

Dodgeville Volunteer Fire Department

2. Business Trade Name or DBA

Dodgeville Volunteer Fire Department

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Whitehouse

2. First Name

Brian

3. M.I.

H

4. Relationship to Business (Title)

Fire Chief

5. Email

dfire@mhtc.net

6. Phone

(608) 574-2432

7. Home Address

401 N Level St

8. City

Dodgeville

9. State

WI

10. Zip Code

53533

11. Date of Birth

09/28/70

12. Drivers License/State ID Number

W320-0687-0348-01

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**1. Do you currently reside in Wisconsin? ..... ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....

Years

46

Months

9

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
1			
2			
3			
4			
5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Iowa	WI	Grant				
State	County	State	County	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 type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input 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 	Date 08/04/2025
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Alcohol Beverage  
Appointment of AgentDate  
08/04/2025

## Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)  
Dodgeville Volunteer Fire Department
2. Business Trade Name or DBA  
Dodgeville Volunteer Fire Department
3. Entity Type (check one) ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)  
☒ Municipal Retail License ☐ 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.

## Part B: Agent Information

- |  |                        |  |
|--|------------------------|--|
| 1. Last Name<br>Whitehouse                               | 2. First Name<br>Brian | 3. M.I.<br>H   |
| 4. Email<br>dfire@mhtc.net                               |                        | 5. Phone<br>(608) 574-2432                           |
| 6. Home Address<br>401 N Level St                        |                        |  |
| 7. City<br>Dodgeville                                    | 8. State<br>WI         | 9. Zip Code<br>53533                                 |
| 10. Age<br>53  |                        |  |
| 11. Drivers License/State ID Number<br>W320-0687-0348-01 |                        | 12. Drivers License/State ID State of Issuance<br>WI |

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

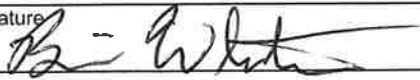
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**Part D: Business Attestation**

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 Whitehouse		First Name Brian		M.I. H
Title Fire Chief	Email dfire@mhtc.net		Phone (608) 574-2432	
Signature 			Date 08/04/25	

**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 Whitehouse		First Name Brian		M.I. H
Signature 			Date 08/04/25	



Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Dodgeville Volunteer Fire Department

2. Business Trade Name or DBA

Dodgeville Volunteer Fire Department

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

401 N Level St

10. City

Dodgeville

11. State

WI

12. Zip Code

53533

13. County

Iowa

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: Dodgeville

15. Aldermanic District

16. Premises Phone

(608) 574-2432

17. Premises Email

dfire@mhtc.net

18. Website

19. Premises Description - 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.

Fire Station

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## 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? . . . . ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . ☐ Yes ☐ No



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.  
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 distributor? . . ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

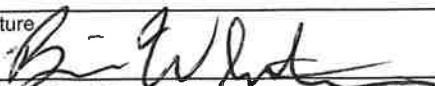
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Whitehouse	Brian	Fire Chief	(608) 574-2432

**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 Whitehouse	First Name Brian	M.I. H
Title Fire Chief	Email dfire@mhtc.net	Phone (608) 574-2432
Signature 		Date 08/04/25

**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			Date Provisional License Issued (if applicable)

