

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 \$ 10.00

Application Date: 05/13/2023

Town Village City of Dodgeville

County of Iowa

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 07/08/2023 and ending 07/09/2023 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 Upland Hills Health

(b) Address 800 Compassion Way, Dodgeville, WI

(Street)

Town Village City

(c) Date organized _____

(d) If corporation, give date of incorporation _____

(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 Andrea Potterton

Vice President Martha Boyer

Secretary Skip Lee

Treasurer Dick Cates

(g) Name and address of manager or person in charge of affair: ANGELA TURPIN, FOUNDATION DIRECTOR

Upland Hills Health, 800 Compassion Way, Dodgeville, WI

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 Sip and Savor: A Taste of Southwest Wisconsin

(b) Dates of event 07/08/2023

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 Andrea Potterton
(Signature/date)

Officer Martha Boyer
(Signature/date)

Date Filed with Clerk 5-15-23 (PW)

Date Granted by Council _____

Upland Hills Health
(Name of Organization)

Officer Angela Turpin
(Signature/date)

Officer _____
(Signature/date)

Date Reported to Council or Board _____

License No. _____