

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 Knights Home Talent Baseball Club

2. Organization Permanent Address  
156 West Merrimac street

3. City  
Dodgeville

4. State  
WI

5. Zip Code  
53533

6. Mailing Address (if different from permanent address)  
same

7. FEIN

8. Date of Organization/Incorporation  
1963

9. State of Organization/Incorporation  
WI

10. Phone  
608-341-5629

11. Email  
jreilly@thedodgevillechronicle.com

12. Organization type (check one)  
 Bona Fide Club   
 Church   
 Fair Association/Agricultural Society   
 Veteran's Organization  
 Lodge/Society   
 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? . . . . . *NO* . . . . .  Yes  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
Reilly	J Patrick (Pat)	General Manager	608 341 8629
Reilly	T Michael	Treasurer	608 578 0887
Reilly	Ryan	Director	608-574-3210

Continued →

Part C: Event Information			
1. Name of Event (if applicable) HTL Season			
2. Dates of Operation May 10 - 24 - 31 June 7 - 11 - 25 - 28 July 2 - 9 - 10 - 23 August 6		3. Hours of Operation 1-6 During Games 6-11	
4. Premises Address Centennial Park Concession stand			
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 Knights Home Talent		12. Email and/or Phone Number for Organizer of Event 608-341-8629	
13. Organizer Website N/A		14. Event Website N/A	
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.  Centennial Park Concessions stand grandstand Baseball Field area			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><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.</p>			
Last Name Reilly		First Name J. Patrick (Pat)	M.I. P
Title General Manager	Email preilly@dodgevillechronicle.com		Phone 608 341 8629
Signature [Handwritten Signature]		Date 3-30-21	

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	