

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	<u>City of Dodgeville</u>
License Period	<u>25-26</u>

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

- ☒ Class "A" Beer \$ 75.00 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 250.00 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>325.00</u>
Background Check Fee	\$ <u>14.00</u>
Publication Fee	\$ <u>13.00</u>
Total Fees	\$ <u>352.00</u>

Part A: Premises/Business Information

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

Laxami Narayan Fuel Inc

2. Business Trade Name or DBA

Dodgeville Market Place

3. FEIN

39-3990853

4. Wisconsin Seller's Permit Number

456-1032164937-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

07/15/2025

8. Wisconsin DFI Registration Number

9. Premises Address

420 N Iowa 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

(731) 307-7216

17. Premises Email

jk_patel4@yahoo.com

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.

Alcohol will be kept at retail area on shelves, floor, behind counter, Inside walk in cooler and back room storage.

20. Mailing Address (if different from premises address)

8817 Wynnfield DR

21. City

Evansville

22. State

IN

23. Zip Code

47725

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
Joshi	Rohitkumar	Agent	(502) 338-6573
Patel	Jasminkumar	President	7313077216

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 Patel	First Name Jasminkumar	M.I. R
Title President	Email jk_patel4@yahoo.com	Phone (731) 307-7216
Signature 		Date 09/18/25

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)	

**Alcohol Beverage
Individual Questionnaire**

Date

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) Laxami Narayan Fuel Inc			
2. Business Trade Name or DBA Dodgeville MarketPlace			
3. Entity Type (<i>check one</i>) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			

Part B: Individual Information					
1. Last Name Patel		2. First Name Jasminkumar		3. M.I. R	
4. Relationship to Business (Title) President		5. Email jk_patel4@yahoo.com		6. Phone (731) 307-7216	
7. Home Address 8817 Wynnfield Dr					
8. City Evansville		9. State IN	10. Zip Code 47725	11. Date of Birth 05/09/77	
12. Drivers License/State ID Number 7720-32-8689			13. Drivers License/State ID State of Issuance ~		

Part C: Address History							
1. Do you currently live in Wisconsin?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY)
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 8817 Wynnfield DR		City Evasnville		State IL		Zip Code 47725	
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.							
State	County	State	County	State	County	State	County
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

09/18/2025

Alcohol Beverage
Individual Questionnaire

Date

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)
Laxami Narayan Fuel Inc
2 Business Trade Name or DBA
Dodgeville MarketPlace
3 Entity Type (check one)
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization

Part B: Individual Information

1 Last Name	2 First Name	3 MI
Joshi	Rohitkumar	V
4 Relationship to Business (Title)	5 Email	6 Phone
Agent	rajjoshi1966@gmail.com	(502) 338-6573
7 Home Address		
N5781 Kinney Rd		
8 City	9 State	10 Zip Code
Portage	WI	53901
11 Date of Birth		
09/18/66		
12 Drivers License/State ID Number	13 Drivers License/State ID State of Issuance	
J200-7386-6338-05	WI	

Part C: Address History

1 Do you currently live in Wisconsin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin	(MM/YYYY) 04/2024

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

Previous Address 1	City	State	Zip Code
8224 OH-108	Wauseon	OH	43567
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.

State	County	State	County	State	County	State	County
KY	Jefferson						
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

09/18/2025

Save

Print

Clear

Form

AB-101

Alcohol Beverage
Appointment of Agent

Date

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)

Laxami Narayan Fuel Inc

2 Business Trade Name or DBA

Dodgeville MarketPlace

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.

Original Agent

Part B: Agent Information

1 Last Name

Joshi

2 First Name

Rohitkumar

3 M.I.

V

4 Email

Rajjoshi1966@gmail.com

5 Phone

(502) 338-6573

6 Home Address

N5781 Kinnley Rd

7 City

Portage

8 State

WI

9 Zip Code

53901

10 Date of Birth

09/18/1966

11 Drivers License/State ID Number

J200-7386-6338-05

12 Drivers License/State ID State of Issuance

WI


Part C: Agent Questions

1 Have you satisfied the responsible beverage server training requirement?
Submit proof of completion☒ Yes☐ No2 Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)?☒ Yes☐ No3 Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions☒ Yes☐ No

Continued →


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 Patel		First Name Jasminkumar		M.I. R
Title President	Email jk_patel4@yahoo.com		Phone (731) 307-7216	
Signature 			Date 09/18/25	

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 Joshi		First Name Rohitkumar		M.I. V
Signature 			Date 09/18/25	



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000328

LAXAMI NARAYAN FUEL INC
8817 WYNNFIELD DR
EVANSVILLE IN 47725-7705

Letter ID L0533755568



Wisconsin Business Tax Registration Certificate

Expiration date: September 30, 2027
Legal/real name: LAXAMI NARAYAN FUEL INC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1032164937-04
Withholding Tax	Withholding Tax	036-1032164937-02

The following is a list of the business locations that you have registered with the Department of Revenue.

456-1032164937-04
LAXAMI NARAYAN FUEL INC
DODGEVILLE MARKET PLACE
420 N IOWA ST
DODGEVILLE WI 53533-1325