Form AB-200

Alcohol Beverage License Application

For Mt	unicipal Use Only
UM C	Dodquille
cense Period	26

License(s) Requested: (up to two boxes may be checked)				Fees			
☑ Class "A" Beer				License Fe	es	\$325.	Ŵ
☑ "Class A" Liquor \$	"Class B" Liquor	\$	[Backgroun	d Check Fee	\$ 14.0	υ
☐ "Class A" Liquor (cider only) \$ ☐ Reserve "Class B" Liquor \$				Publication	Fee	\$13.	Cl
☐ "Class C" Liquor (wine only) \$				Total Fees		\$329.	W
Part A: Premises/Business Information							
1. Legal Business Name (individual name if sole propr	rietorship)						
Laxami Narayan Fuel Inc							
2. Business Trade Name or DBA							
Dodgeville Market Place		4 Miin (Callaria Da	amait Museubor			
3. FEIN		4. Wisconsin S					
39-3990853		456-10	321649	73 / - 04			
5. Entity Type (check one)	☐ Limited Liebility	Company	[7] Co	orporation	□ Nonnro	ofit Organiza	ition
Sole Proprietor Partnership	Limited LiabilityDate of Organization		<u> </u>		n DFI Registrati		tjoii
6. State of Organization	07/15/2025			U, WISCONSII	1 Di Tregistiat	on wante	
WI 9. Premises Address	07/15/2025						
420 N Iowa St							
10. City				11, State	12. Zip Code		
Dodgeville				WI	53533		
	14. Governing Municip	pality: 🔽 City	Town	☐ Village	15. Alderman	ic District	
Iowa	of: <u>Dodgevi</u>	lle					
16. Premises Phone	17. Premises Email			18. Wel	osite		
(731) 307-7216	jk patel4@ya	hoo.com					
19. Premises Description - Describe the building or bare kept. Describe all rooms within the building, ir only on the premises described in this application. Alcolh will be kept at ret. Inside walk in cooler and	ncluding living quarters Attach a map or diag ail area or	s. Authorized a gram and additi n shelve	lcohol beve onal sheet es, fl	erage activities s if necessary	es and storage (/.	of records ma	records ly occur
Inbide warn in occier and	20.011 200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
20. Mailing Address (if different from premises addres	ss)						
8817 Wynnfield DR							
21. City				22. State	23. Zip Code		
Evansville				IN	47725		
Part B: Questions							
Has the business (sole proprietorship, partne violating federal or state laws or local ordinar	nces? Exclude traffic	c offenses un	or corpora less relat	ation) been o	convicted of beverages.	Yes	√ No
If yes, list the details of violation below. Attac		ir necessary.			-ial Data		_
Law/Ordinance Violated	Location				rial Date		
Penalty Imposed	<u>.</u>		Was ser	ntence comp	oleted?	Yes	☐ No
Law/Ordinance Violated	Location			T	rial Date		
Penalty Imposed			Was ser	ntence comp	oleted?	Yes	☐ No

Are charges for any offenses pending beverages.	against the	business	s? Exclu	ude traffic	offer	ises unl	ess related to alo	ohol	Yes	✓ No
If yes, describe the nature and status	of pending c	harges ı	using the	e space b	elow	. Attach	additional sheets	as needed	i.	
Is the applicant business or any of it individuals or entities a restricted involved lf yes, provide the name of the restri	estor with an	y intere	st in an	alcohol be	ever	age pro	ducer or distribut	related tor? []	Yes	✓ No
4. Is the applicant business owned by a If yes, provide the name(s) and FEIN	nother busine (s) of the bus	ess entity iness er	y? ntity owr	ers below	 v. Att	ach add	itional sheets as	needed.	Yes	✓ No
4a. Name of Business Entity			4	lb. Busines	s Ent	ity FEIN				
5. Have the partners, agent, or sole pro this license period? Submit proof of c	orietor satisfic	ed the re	esponsib	ole bevera	age s	erver tra	aining requiremer	nt for 	Yes	□No
6. Is the applicant business indebted to									Yes	✓ No
7. Does the applicant business owe pas						_	•	_	Yes	✓ No
Part C: Individual Information						-				_
List the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability com	ors, and agent	of a corp	oration o	r nonprofit	orgai	s in the a	applicant business of a pa	or businesse rtnership, an	s listed d all m	d in Part B, embers,
Include Form AB-100 for each person listed t	elow. Corpora	ations and	d LLCs m	nust appoin	it an a	agent by	including Form AB-	101.		
Last Name	First Name				Title			Phone		
Joshi	Rohitk	umar			Age	Agent (5		(502)	338	-6573
Patel	Jasmink	umar			Рге	sident		731307	7216	6
Part D: Attestation				214				*		
One of the following must sign and attes	t to this appli	cation:								
_	al partner of	•				porate o		e member o		
READ CAREFULLY BEFORE SIGNING: Un I am acting solely on behalf of the applicant rights and responsibilities conferred by the li according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for sub ingly provides materially false information or	business and i cense(s), if gra d to, purchasir inspection will any license iss mitting false sta	not on be anted, will ng alcoho be deem sued con atements	ehalf of an Il not be a of beverage ned a refu trary to V s and affice	ny other ind assigned to ges from si usal to allow Wis. Stat. C davits in co	dividuo ano ano atate a wins Chaptonnec	ual or ent ther indivanthorize pection. ter 125 setion with	tity seeking the lice vidual or entity. I a ed wholesalers. I ur Such refusal is a n hall be void under this application, ar	ense. Further gree to oper nderstand the nisdemeanor penalty of seed that any p	r, I agreate this at lack and gate the lack and gate lack	ee that the s business of access rounds for w. I further
Last Name			First Na						M.I.	
Patel			Jasm	inkuma	ar					R
Title		Email		_				Phone		
President Signature		јк_р	atel4	@yahoc	_	om Date		(731)	307-	7216
8					- ['	Jale	09/1	8/25		
Part E: For Clerk Use Only							/ -	,		
	nse Number					Date Lic	cense Granted	Date Lice	nse Iss	sued
Signature of Clerk/Deputy Clerk							Date Provisional I	icense Issu	ed (if a	pplicable)

Form		
Α	B-1	00

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

Part A: Business Information

· members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

	ami Narayan	Fuel The	proprietor)						
	ess Trade Name or I								
	geville Mar								
	Type (check one)	7,001 14,00							
	le Proprietor	Partnership	Limite	ed Liabilit	y Compar	ny 🗸 Corpora	ation \square	Nonprofit (Organization
					,	,			
Dort D	: Individual Inf	ormation							
1 Last N		ormation		2 Fir	rst Name				3. M.l.
Pate					asmink	umar			R
	onship to Business ((Title)	5 Email		abili III.	dittal		6. Phone	
	sident	(ride)	4.	atel40	yahoo	COM		(731)	307-7216
7. Home			P	acci i	2701100				
	7 Wynnfield	l Dr							
8. City	,,				9. State	10. Zip Code		11. Date of	Birth
,	nsville				IN	47725		05/09	9/77
	rs License/State ID	Number				13. Drivers Licens	e/State ID Stat	e of Issuanc	е
772	0-32-8689					`			
Part C	: Address Hist	OFV							
				-		· 36 100 4050500 40516 4 5050			Yes ✓ No
I≨ Do yo	ou currently live in	I VVISCOTISTITE	-0.0000-0.000	. 10 - 100	* 8/8/ + 1/8/ +	30 - 00 40200000 eacher 5 5 5 0	KIT KRESIT MESTER E		
lf yes	, provide the mor	ith and year when	you permane	ntly move	ed to Wisc	consin			IM/YYYY)
2. List ir	n chronological or	der all of your add	resses within	the last 5	years. At	tach additional she	ets if necessa		
Previous	Address 1			City	City			Zip Code	е
8817	Wynnfield	DR		Eva	Evasnville			4772	
Previous	Address 2			City			State	Zip Cod	е
Previous	Address 3			City	City			Zip Cod	е
Previous	Address 4			City	City			Zip Cod	le
								_	
Previous	Address 5			City			State	Zip Cod	de
3. List a	ill states and cour	nties you have live	d in as an adı	ult. Attach	additiona	al sheets if necessa	гу.		
State	County	State	County		State	County	State	County	
			·						
State	County	State	County		State	County	State	County	

Continued \rightarrow

Part D: Criminal History					
Have you ever been convicted of any offenses (exclu	ding troffic offenses				
for violation of any federal, Wisconsin, or another sta	te's laws or of any co	unty or municipa	l ordinances?	Yes	✓ No
If yes to question 1, please list details of each convict	tion below. Attach add	litional sheets as	s needed.		
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed	1	Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was senten	ce completed?	Yes	☐ No
Law/Ordinance Violated	Location			Conviction (Date
Penalty Imposed		Was senten	ce completed?	Yes	☐ No
beverages) for violation of any federal, Wisconsin, or ordinances?			eratur eratat erasaste 2000	Yes Yes	√ No
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penatruthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understar under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this busines nd that any license is ay be prosecuted for	s due to any inv ssued contrary t submitting false	olvement in anothe o Wis. Stat. Chapte statements and affic	r tier of the r 125 shall lavits in con	alcohol be void nection
Signature			Date 09/18	3/2025	

Form			
А	B-	1	00

Alcohol Beverage Individual Questionnaire

Date		
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
 members and agent of a limited liability company
- all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

ur alcoh								
	Business Info							
	usiness Name (indi		proper (or)					
Laxa	mi Narayan	Fuel Inc						
Busines	s Trade Name or D)BA						
Dodg	eville Marl	ketPlace						
Entity T	yor (check one)						: DN	onprofit Organization
	le Proprietor	Partnership	Lim	ited Liability	y Compan	y 🔽 Corporat	ion 🔲 14	onpront Organization
Part R:	Individual Info	ormation						T
Last Na				2 Fir	st Name			3 M I
Josh				R	ohitku	mar		V
	inship to Business (Title)	5 Emai				6	Phone
Ager			raj	joshi19	66@gma	il.com		(502) 338-657
Home)								
	31 Kinney R	2d						
City	of Refiney 2				9 State	10 Zip Code	1	Date of Birth
Port	200				WI	53901		09/18/66
	rs License/State ID	Number		-		13 Drivers License	/State ID State	of Issuance
Part C:	: Address Hist	ory			EST NO.	WI	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
Part C:	: Address Hist	ory n Wisconsin?	n you perma			- X082027 - 7A 102	22 - 22 I VIMI	(MM/YYYY)
Part C: 1 Do yo	: Address History Control of the More of t	ory n Wisconsin? nth and year whe	n you perma	nently movi	ed to Wisc	consin	n 4 (n n	(MM/YYYY) 04/2024
Part C: 1 Do you If yes 2 List in	: Address Hist ou currently live in s. provide the mon n chronological of	ory n Wisconsin? nth and year whe	n you perma	nently mov	ed to Wisc 5 years At	- X082027 - 7A 102	n 4 (n n	(MM/YYYY) 04/2024
Part C: 1 Do you If yes 2 List in	Address History currently live in a provide the more chronological of Address 1	ory n Wisconsin? nth and year whe	n you perma	nently movi	ed to Wisc	consin	ets if necessar	(MM/YYYY) 04/2024 y.
Part C: 1 Do you If yes 2 List in Previous 8224	Address Histou currently live in supposed the more chronological of Address 1 OH~108	ory n Wisconsin? nth and year whe	n you perma	nently movi in the last S City Wa	ed to Wiscon Syears At	consin	ets if necessar	(MM/YYYY) 04/2024 y. Zip Code
Part C: 1 Do you If yes 2 List in Previous 8224	Address History currently live in a provide the more chronological of Address 1	ory n Wisconsin? nth and year whe	n you perma	nently movi	ed to Wiscon Syears At	consin	ets if necessar State OH	(MM/YYYY) 04/2024 y. Zip Code 43567
Part C: 1 Do yo If yes 2 List in Previous 8224 Prievious	Address History currently live in a chronological of Address 1 OH-108 Address 2	ory n Wisconsin? nth and year whe	n you perma	nently movi	ed to Wisco	consin	ets if necessar State OH	(MM/YYYY) 04/2024 y. Zip Code 43567
Part C: 1 Do you If yes 2 List in Previous 8224 Previous	Address Histou currently live in supposed the more chronological of Address 1 OH~108	ory n Wisconsin? nth and year whe	n you perma	nently movi in the last S City Wa	ed to Wisco	consin	ets if necessar State OH State	(MM/YYYY) 04/2024 y. Zip Code 43567 Zip Code
Part C: 1 Do you If yes 2 List in Previous 8 2 2 4 Previous Previous	Address Histou currently live in a provide the more chronological of Address 1 OH-108 Address 2	ory n Wisconsin? nth and year whe	n you perma	nently movinin the last 5 City Wa City	ed to Wiscons At	consin	ets if necessar State OH State	(MM/YYYY) 04/2024 y. Zip Code 43567 Zip Code
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Part C: 1 Do yo If yes 2 List in Previous 8 2 2 4 Previous Previous Previous	Address Histou currently live in suprovide the more chronological or Address 1 OH-108 Address 2 Address 3 Address 4	ory n Wisconsin? nth and year whe	n you perma	nently move in the last S City Wa City	ed to Wiscons Al	consin	ets if necessar State OH State State	y. Zip Code 43567 Zip Code Zip Code
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Part C: 1 Do you If yes 2 List in Previous 8 2 2 4 Previous Previous Previous Previous	Address Histou currently live in a provide the more chronological of Address 1 OH-108 Address 2 Address 3 Address 4 Address 4	ory n Wisconsin? nth and year whe rder all of your ac	n you permal	nently movinin the last Silvania City	ed to Wisconuseon	consin ttach additional shee	State OH State State State State State State	y. Zip Code 43567 Zip Code Zip Code
Part C: 1 Do you If yes 2 List in Previous 8 2 2 4 Previous Previous Previous Previous	Address Histou currently live in a provide the more chronological of Address 1 OH-108 Address 2 Address 3 Address 4 Address 4	ory n Wisconsin? nth and year whe rder all of your ac	n you permal	nently movinin the last Silvania City	ed to Wisconuseon	consin Itach additional shed	State OH State State State State State	y. Zip Code 43567 Zip Code Zip Code Zip Code Zip Code
Part C: 1 Do you If yes 2 List in Previous 8.2.24 Previous Previous Previous	Address Histou currently live in a provide the more chronological of Address 1 OH-108 Address 2 Address 3 Address 4 Address 4	ory n Wisconsin? nth and year whe rder all of your ac	n you permal	nently movinin the last Silvania City	ed to Wisconuseon	consin ttach additional shee	State OH State State State State State State	y. Zip Code 43567 Zip Code Zip Code
Part C: 1 Do you If yes 2 List in Previous 8 2 2 4 Previous Previous Previous 3 List	Address Histou currently live in a provide the more chronological of Address 1 OH~108 Address 2 Address 3 Address 4 Address 5	ory n Wisconsin? Inth and year whe rder all of your acuties you have lived.	n you permal ddresses with	nently movinin the last Silvania City	ed to Wisconuseon	at sheets if necessa	State OH State State State State State State State State State	y. Zip Code 43567 Zip Code Zip Code Zip Code Zip Code Zip Code
Part C: 1 Do you If yes 2 List in Previous 8.2.24 Previous Previous Previous 3 List is state	Address Histou currently live in a provide the more chronological of Address 1 OH-108 Address 2 Address 3 Address 4 Address 5 Address 5	ory n Wisconsin? Inth and year whe rder all of your acuties you have lived.	n you permal ddresses with	nently movinin the last Silvania City	ed to Wisconuseon	consin Itach additional shed	State OH State State State State State	y. Zip Code 43567 Zip Code Zip Code Zip Code Zip Code

Continued →

1 Have you ever been convicted of any offenses (excluding traffic offenses uf for violation of any federal. Wisconsin or another state's laws or of any continuous co		
If yes to question 1 please list details of each conviction below. Attach add	litional sheets as needed	
Law Ordinance Violated		Conviction Date
Denalty imposed	Was sentence completed?	Yes No
_aw/-Ordinance Violated Location		Conviction Date
P: nally Imposed	Was sentence completed?	Yes No
Eaw Ordinance Violated Location		Conviction Date
Penalty Imposed	Was sentence completed?	Yes No
sheets as needed		
Part E: Attestation		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have an	s due to any involvement in another	ons completely and
truthfully. I certify that I am not prohibited from participating in this busines betwerage industry as a restricted investor. I understand that any license is under penalty of state law. I further understand that I may be prosecuted for with this application, and that any person who knowingly provides materiall to forfeit not more than \$1,000 if convicted. Signature	submitting false statements and affice	er 125 shall be void davits in connection

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Form AB-101

Alcohol Beverage Appointment of Agent

Date				

Agent Type (check one						
Original (no fee)	Successor (\$10 fee for n	iunicipal licen	sees only)			
Dest A. Duninger Info						
Part A: Business Info 1 Legal Business Name (indi	vidual name if sole proprietor)					
Laxami Narayan						
2 Business Trade Name or Dodgeville Mark						
3. Entity Type (check one)	Limited Liability Compan	у	Corporation	Non	profit Organiz	ation
4 Alcohol Beverage Business Municipal Retail L		5 If successo	r agent, provide Stat	te Permit or Mur	nicipal Retail L	icense Number
Describe the reason for ap	pointing a successor agent, if successo	r is checked ab	ove			-
Part R: Agent Informa	ition					
	ition	2 First Name				3. M.I
	ition	2 First Name Rohitki	umar			3, M.I V
Last Name Joshi			umar		5 Phone (502) 3	
4 Email	mail.com		umar			V
t Last Name Joshi Email Rajjoshi1966@gi Home Address N5781 Kinnley City Portage	mail.com Rd		umar 9 Zip Code 53901			V 338-6573
Last Name Joshi Email Rajjoshi1966@gi Home Address N5781 Kinnley	mail.com Rd	Rohitki 8 State	9 Zip Code 53901		(502) 3 10 Date of Bir 09/18/	V 338-6573
Last Name Joshi Rajjoshi1966@gr Home Address N5781 Kinnley City Portage Drivers License/State ID N J200-7386-6338	mail.com Rd Sumber -05	Rohitki 8 State	9 Zip Code 53901 12. Drivers Lice		(502) 3 10 Date of Bir 09/18/	V 338-6573
Last Name Joshi Email Rajjoshi1966@gi Home Address N5781 Kinnley City Portage 1 Drivers License/State ID N J200-7386-6338	mail.com Rd Sumber -05	Rohitki 8 State	9 Zip Code 53901 12. Drivers Lice		(502) 3 10 Date of Bir 09/18/	V 338-6573 Tth 1966
Last Name Joshi Rajjoshi1966@gr Home Address N5781 Kinnley City Portage Drivers License/State ID N J200-7386-6338	mail.com Rd Rumber -05 ms responsible beverage server traini	Rohitki 8 State WI	9 Zip Code 53901 12. Drivers Lice WI		(502) 3 10 Date of Bir 09/18/ ate of Issuanc	V 338-6573
Last Name Joshi Email Rajjoshi1966@gi Home Address N5781 Kinnley City Portage 11 Drivers License/State ID N J200-7386-6338 Part C: Agent Questic Have you satisfied the Submit proof of comple	mail.com Rd Rumber -05 ms responsible beverage server traini	Rohitki 8 State WI ng requireme	9 Zip Code 53901 12 Drivers Lice WI nt?	ense/State ID St	(502) 3 10 Date of Bir 09/18/ ate of Issuance	V 338-6573 th /1966

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 hability 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	First Name		MI.
Patel	Jasminkumar		R
Title	Email	Phone	
President	jk_patel4@yahoo.com	(731) 3	07-7216
Signature		Date	
2		09/18/25	5

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	First Name	: M L
Joshi	Rohitkumar	٧
Signature	Date	
(0)20		09/18/25



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

000328

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

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

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.

Тах Туре	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