

# Temporary Alcohol Beverage License

Municipality


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

Part A: Organization Information		
1. Organization Name Dodgeville Mat Club INC		
2. Organization Permanent Address PO Box 422		
3. City Dodgeville	4. State WI	5. Zip Code 53533
6. Mailing Address (if different from permanent address)		
7. FEIN 99-4713503	8. Date of Organization/Incorporation August 30, 2024	9. State of Organization/Incorporation Wisconsin
10. Phone 6085744292	11. Email dodgevillewrestling2@gmail.com	
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 checked="" 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

Continued →

<b>Part C: Event Information</b>			
1. Name of Event (if applicable) Dodgeville Mat Club Fundraiser (event name TBD)			
2. Dates of Operation 5/9/2026		3. Hours of Operation 9am - 9pm	
4. Premises Address 600 N Bennett Rd			
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 4
11. Organizer of Event (if not the named applicant) Dodgeville Mat Club INC		12. Email and/or Phone Number for Organizer of Event dodgevillewrestling2@gmail.com	
13. Organizer Website www.dodgevillewrestling.com		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.  The event will take place inside the Ley Pavilion at Harris Park. Alcohol will be sold and served from the main pavilion interior. Alcohol may be consumed inside the pavilion. No alcohol will be stored or consumed outside these designated areas. All alcohol and related records will be stored in the pavilion kitchen area, which will remain secured when not in use. The pavilion contains a main hall, kitchen, restrooms, and storage areas; there are no living quarters on the premises.			

<b>Part D: Attestation</b>			
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 Spurley		First Name Amanda	M.I. M.
Title Secretary	Email dodgevillewrestling2@gmail.com		Phone 608-574-4292
Signature 		Date	

<b>Part E: For Clerk Use Only</b>	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	