Form
**AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | C - Dodgeville |
| License Period | 25-26 |

**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 | $ 325.00 |
| Background Check Fee | $ 7.00 |
| Publication Fee | $ 13.00 |
| **Total Fees** | $ 345.00 |

## Part A: Premises/Business Information

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

2. Business Trade Name or DBA
DEAN'S LIQUOR

3. FEIN
39-3920552

4. Wisconsin Seller's Permit Number
456-1032152773-04

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
08/19/2025

8. Wisconsin DFI Registration Number
600-1032152773-03

9. Premises Address
205 CO HWY YZ

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
(608) 930-8880

17. Premises Email
NAVADIAP@GMAIL.COM

18. Website
N/A

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.
SALES FLOOR AND STORAGE IN BASEMENT, BEER COOLER

20. Mailing Address (if different from premises address)
205 CO HWY YZ

21. City
DODGEVILLE

22. State
WI

23. Zip Code
53533

## 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 beverages. ☐ Yes ☑ No

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 |
|---|---|
| | |

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 |
|---|---|---|---|
| NAVADIA | PRAKASH | OWNER | (262) 527-4213 |
| | | | |
| | | | |
| | | | |

## 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 | First Name | M.I. |
|---|---|---|
| NAVADIA | PRAKASH | |

| Title | Email | Phone |
|---|---|---|
| OWNER | NAVADIAP@GMAIL.COM | (262) 527-4213 |

| Signature | Date |
|---|---|
| Prakash Navadia | 08/26/20 |

## 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) |
|---|---|
| | |

Form
**AB-100**

# Alcohol Beverage Individual Questionnaire

Date 08/26/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)
DODGEVILLE LIQUOR INC

2. Business Trade Name or DBA
DEAN'S LIQUOR

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

## Part B: Individual Information

| 1. Last Name | 2. First Name | 3. M.I. |
|---|---|---|
| NAVADIA | PRAKASH | |

| 4. Relationship to Business (Title) | 5. Email | 6. Phone |
|---|---|---|
| OWNER | NAVADIAP@GMAIL.COM | (262) 527-4213 |

7. Home Address
7911 W EASTFEILD CIR

| 8. City | 9. State | 10. Zip Code | 11. Date of Birth |
|---|---|---|---|
| MEQUON | WI | 53097 | 03/15/89 |

| 12. Drivers License/State ID Number | 13. Drivers License/State ID State of Issuance |
|---|---|
| N130-6608-9095-02 | WI |

## Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 07/2019

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

| Previous Address | City | State | Zip Code |
|---|---|---|---|
| 1 W135 N7255 LUND CIR | MENOMONEE FALL | WI | 53051 |
| 2 1202 RIDGE CREEK RD | SAVOY | IL | 61874 |
| 3 | | | |
| 4 | | | |
| 5 | | | |

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 |
|---|---|---|---|---|---|---|---|
| IL | CHAMPAIGN | WI | WAUKESHA | | | | |
| WI | OZAUKEE | | | | | | |

*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? . . . . . ☐ Yes ☑ No |
|---|---|
| | |

| Law/Ordinance Violated | Location | Conviction Date |
|---|---|---|
| | | |

| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☑ No |
|---|---|
| | |

| Law/Ordinance Violated | Location | Conviction Date |
|---|---|---|
| | | |

| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☑ 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 |
|---|---|
| Frank Navadia | 08/26/2025 |

Form
**AB-101**

# Alcohol Beverage Appointment of Agent

Date
08/26/2025

## 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)
DODGEVILLE LIQUOR INC

2. Business Trade Name or DBA
DEAN'S LIQUOR

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.

## Part B: Agent Information

| 1. Last Name | 2. First Name | 3. M.I. |
|---|---|---|
| NAVADIA | PRAKASH | |

| 4. Email | 5. Phone |
|---|---|
| NAVADIAP@GMAIL.COM | (262) 527-4213 |

6. Home Address
7911 W EASTFIELD CIR

| 7. City | 8. State | 9. Zip Code | 10. Date of Birth |
|---|---|---|---|
| MEQUON | WI | 53097 | 03/15/1989 |

| 11. Drivers License/State ID Number | 12. Drivers License/State ID State of Issuance |
|---|---|
| N130-6608-9095-02 | WI |

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

3. 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 | First Name | M.I. |
|---|---|---|
| NAVADIA | PRAKASH | |

| Title | Email | Phone |
|---|---|---|
| OWNER | NAVADIAP@GMAIL.COM | (262) 527-4213 |

| Signature | Date |
|---|---|
| Prakash Navadia | 08/26/20 |

## 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.I. |
|---|---|---|
| NAVADIA | PRAKASH | |

| Signature | Date |
|---|---|
| Prakash Navadia | 08/26/20 |

Sec. 180.0202
Wis. Stats.

State of Wisconsin
Department of Financial Institutions

# ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes.

Article 1. **Name of the corporation:**

DODGEVILLE LIQUOR INC.

Article 2. **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**

Article 3. **Name and email address of the initial registered agent:**

PRAKASH NAVADIA
navadiap@gmail.com

Article 4. **Street address of the initial registered office:**

7911 W EASTFIELD CIR
MEQUON, WI 53097
United States of America

Article 5. **Number of shares of stock the corporation shall be authorized to issue:**

**Number of Shares Authorized:** 1,000
**Class:** Common
**Par Value Per Share:** $1.00

Article 6. **Name and complete address of each incorporator:**

PRAKASH NAVADIA
7911 W EASTFIELD CIR
MEQUON, WI 53097
United States of America

Other provisions (optional). ARTICLE 7.

ARTICLE 8.

ARTICLE 9.

Other Information. **This document was drafted by:**

PRAKASH NAVADIA
Not executed in Wisconsin

**Incorporator signature:**

PRAKASH NAVADIA

**Date & Time of Receipt:**

8/19/2025 2:18:31 PM

**OSB Number:**

229892

# ARTICLES OF INCORPORATION - Wisconsin Stock For-Profit Corporation (Ch. 180)

Filing Fee: $100.0
Expedite Fee: $25.0
**Total Fee: $125.0**

**ENDORSEMENT**

## State of Wisconsin
## Department of Financial Institutions

| EFFECTIVE DATE |
| --- |
| 8/19/2025 |

| | |
| --- | --- |
| **FILED** | Entity ID Number<br>D083458 |

# Apply for an Employer Identification Number (EIN)

Use this assistance to apply for and obtain an Employee Identification Number (EIN)

## EIN Assignment

**Congratulations! Your EIN has been successfully assigned.**

Save and/or print this page and the confirmation letter below for your permanent records.

Print Page

## The EIN

## The EIN Details

| | |
|---|---|
| **EIN assigned** | **39-3920552** |
| **Legal name** | **DODGEVILLE LIQUOR INC** |

The confirmation letter will be mailed to the applicant. This letter will be the applicants official IRS notice and will contain important information regarding your EIN. Allow up to 4 weeks for your letter to arrive by mail.

# Summary of your information

## Legal Structure

| | |
|---|---|
| **Organization Type** | S CORPORATION |

## S Corporation Information

| | |
|---|---|
| **Legal name** | DODGEVILLE LIQUOR INC |
| **Trade name/doing business as** | DEANS LIQUOR |
| **County** | IOWA |
| **State/Territory** | WI |
| **Date Corporation started or acquired** | AUGUST 2025 |
| **Closing month of accounting year** | DECEMBER (The closing month of the accounting year is defaulted to December due to your organization type. To change your closing month of accounting year, complete Form 1128 / Form 8716) |

| | |
|---|---|
| **State/Territory where articles of organization are (or will be) filed** | WI |

## Addresses

| | |
|---|---|
| **Physical Location** | 205 COUNTY HWY-YZ<br>DODGEVILLE WI 53533 |
| **Phone Number** | 262-527-4213 |
| **Mail directed To** | |
| **Mailing Address** | 7911 EASTFIELD CIR<br>MEQUON WI 53097<br>UNITED STATES |
| **TPD Name** | JIGISHA SHAH |
| **TPD Address** | 337 KINGSBURY DR<br>SCHAUMBURG IL 60193 |
| **TPD Phone Number** | 847-598-0817 |

## Responsible Party

| | |
|---|---|
| **Name** | PRAKASH NAVADIA |
| **SSN/ITIN** | XXX-XX-2048 |

## Employee Information

| | |
|---|---|
| **Date wages or annuities will be paid** | SEPTEMBER 2025 |
| **Number of agricultural employees** | 0 |
| **Number of other employees** | 3 |

| | |
|---|---|
| **Tax Liability of $1000 or less during calendar year** | NO |

## Principal Business Activity

| | |
|---|---|
| **What your business/organization does** | RETAIL |
| **Principal product/service** | LIQUOR STORE |

## Additional S Corporation Information

| | |
|---|---|
| **Owns a 55,000 pounds or greater highway motor vehicle** | NO |
| **Involves gambling/wagering** | NO |
| **Involves alcohol, tobacco, or firearms** | YES |
| **Files Form 720 (Quarterly Federal Excise Tax Return)** | NO |
| **Has employees who receive Forms W-2** | YES |
| **Reason for Applying** | STARTED A NEW BUSINESS |

# Additional Information about your EIN

### When can you use your EIN?

This EIN is your permanent number and can be used immediately for most of your business needs, including:

Gmail **Prakash Navadia <navadiap@gmail.com**

# FW: Wisconsin Business Tax Registration Confirmation

3 messages

**Jigisha Shah** <jigisha@jinaaccounting.com> Mon, Aug 25, 2025 at 4:15 PM
To: Prakash Navadia <navadiap@gmail.com>
Cc: Jina Accounting <cpa@jinaaccounting.com>

**Jina Accounting Services Inc.**

2307 W Schaumburg RD | Schaumburg, IL 60194
Phone (847)598-0817 | Fax (815)986-2615 / (847)572-1152

**From:** Wisconsin Department of Revenue <DORMyTaxAccountSupport@wisconsin.gov>
**Sent:** Monday, August 25, 2025 4:14 PM
**To:** jigisha@jinaaccounting.com
**Subject:** Wisconsin Business Tax Registration Confirmation

**THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY TO THIS EMAIL**

We have processed your Business Tax Registration (BTR) application that you recently submitted electronically.

We have issued the following tax accounts and tax account identification numbers:

DODGEVILLE LIQUOR INC

| | |
|---|---|
| Business Tax Registration | 600-1032152773-03 |
| Sales & Use Tax | 456-1032152773-04 |
| Withholding Tax | 036-1032152773-02 |

You should receive additional information about your account(s), including your registration certificate and applicable permits, within 5-7 days. If any registration fee is due you will also receive a bill for the fee amount.

Wisconsin Department of Revenue
Registration Unit

**Prakash Navadia** <navadiap@gmail.com> Mon, Aug 25, 2025 at 4:44 PM
To: Deepak - PDALOAN <deepak@pdaloan.com>, "deepak.shah" <deepak.shah@yahoo.com>

# WISCONSIN
# SELLER / SERVER CERTIFICATION

**Trainee Name:** Prakash Navadia

**School Name: 360training.com, Inc.**

**Date of Completion:** 03/15/2019

**Certification #:** WI-94330

I, _____

**Certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.**

**COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66**

learn2serve

Corporate Headquarters
6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235


DRIVER LICENSE
REGULAR
WISCONSIN
N130-6608-8095-02
D
NAVADIA
PRAKASH
7311 W EASTFIELD CIRCLE
MEQUON WI 53097
PRAKASH
03/15/1989
10/25/2021
03/15/2027
NONE