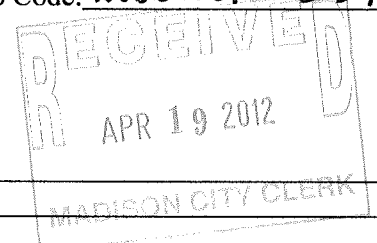


2. Name of Applicant(s): DANDYFIRE, INC.
 (Individual/Partners give last name(s), first, middle; Corporations/Limited Liability Co.'s give registered name)
3. Trade Name: WOOF'S Business Phone No.: 608-204-6222
4. Address of Premise: 114 KING STREET City & Zip Code: MADISON 53703
5. State Seller's Permit Number: 456-0001846792-03
6. Individual/Partnership Only:
- a. Name of Applicant(s): _____
- b. Address of Applicant(s): _____
- c. Date(s) of Birth: _____
 Verification Type: _____
7. Corporation/Limited Liability Co. Only:
- a. Name of Corporation: DANDYFIRE, INC.
- b. Address of Corporation: 1321 E. MIFFLIN ST.
- c. Date and State of Incorporation: 07/08/04, WISCONSIN
- d. Name and Address of Registered Agent: DINO A. MANIACI
- e. List of Stockholders:



| Stockholder's Name | Address | Extent of Ownership | Date of Birth |
|--------------------|---------|---------------------|---------------|
| DINO MANIACI | | 100% | 8/6/60 |
| | | | |
| | | | |

f. List of Officers/Directors:

| Officer(s) and/or Director(s) Name | Address | Date of Birth |
|------------------------------------|-----------------------------|---------------|
| DINO A. MANIACI | 314 S. MIDVALE BLVD., 53703 | 8/6/60 |
| JASON HOKE | 1322 E MIFFLIN ST., 53703 | 11/20/70 |
| DUANE BECKETT | 1709 HOMBERG LANE, 53716 | 10/21/52 |

READ CAREFULLY BEFORE SIGNING:

Failure or refusal of the applicant to give any information relevant to the investigation of the application or the applicant's refusal or failure to appear at any reasonable time and place for examination under oath regarding such application or the applicant's refusal to submit to or cooperate with any investigation required by this section shall constitute an admission by the applicant that s/he is ineligible for such license and shall be grounds for denial thereof by the City Clerk. (Pursuant to Section 9.05, Madison General Ordinances.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 18 day of April, 2012
Alex E. Beator
 Clerk/Notary Public

Dino A. Maniaci
 (Officer of Corporation/Partner/Individual)

 (Officer of Corporation/Partner)

My commission expires 5/6/2012

 (Additional Partner(s) if Any)

TO BE COMPLETED BY CLERK: LICAEN-2012-00095