

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning _____ ending _____

TO THE GOVERNING BODY of the: Town of _____
 Village of _____
 City of _____

County of _____ Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) _____ Home Address _____
 Post Office & Zip Code _____

B. Full Name of Corporation/Non profit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises) _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name _____ Business Phone Number _____

2. Address of Premises _____ Post Office & Zip Code _____

3. Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any municipality? If yes, complete reverse side _____ Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side _____ Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? _____ Yes No
 If yes, explain. _____

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? _____ Yes No
 If not, explain. _____

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? _____ Yes No

10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [phone (414) 297-3991] _____ Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? _____ Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided bylaw, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20 _____

 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

 (Clerk/Notary Public)

 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires _____

 (Additional Partner(s) Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Seller's Permit Number	
Federal Employer Identification Number (FEIN)	
LICENSE REQUESTED	
TYPE -	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input type="checkbox"/> Class B beer	\$ _____
<input type="checkbox"/> Wholesale beer	\$ _____
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input type="checkbox"/> Class B liquor	\$ _____
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ _____
TOTAL FEE	\$ _____

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

THIS RENEWAL FORM CANNOT BE USED IF:

- 1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
- 2. Partners are added or dropped.
- 3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. Reminder: If partners have been added or dropped since your last application, you must use Form AT- 1 06 (Original Beverage License Application).

CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-1 04 (Schedule for Appointment of Agent) AND AT-1 03 (Auxiliary Questionnaire) in addition to this (AT-1 15) form.

LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

- 1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
- 2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
- 3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

- 1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
HOME ADDRESS (Street/Route)			POST OFFICE	STATE	ZIP CODE
HOME PHONE NUMBER	AGE	DATE OF BIRTH		PLACE OF BIRTH	

The *above named individual* provides the following information as a person who is **(check one)**:

- Applying for an alcohol beverage license as an **Individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)
 which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? Yes No
 (if yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (if more room is needed, continue on reverse side of this form.)

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
 (if yes, describe status of charges pending.) _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? _____ Yes No
 (if yes, identify.) _____
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? _____ Yes No
 (If yes, identify.) _____
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this _____ day of _____, 20____

(CLERK/NOTARY PUBLIC)

(SIGNATURE OF NAMED INDIVIDUAL)

My commission expires _____

WISCONSIN DEPARTMENT OF REVENUE
COURT REPORT OF CONVICTION

TO: Chief, Alcohol and Tobacco Enforcement Section
P.O. Box 8910
Madison, WI 53708-8910

In accordance with the provisions of Section 125.13 of the Wisconsin Statutes, YOU ARE

HEREBY NOTIFIED that on the _____ day of _____, 20____,

one _____, licensed by _____,
(Licenses) (Town-Village-City)

in the county of _____, for the premises located at

_____, was convicted in
(Address of Licensed Premises)

Municipal

Circuit Court before _____ of violating
(Judge/Magistrate)

Section(s) _____ of the Wisconsin Statutes by _____
(Nature of Charge)

_____, the following penalty being imposed:

_____ and/or _____
(Fine/Forfeiture) (Costs) (Imprisonment)

_____ and/or _____
(Fine/Forfeiture) (Costs) (Imprisonment)

Revocation

Period of Revocation or Suspension:

Suspension

_____ - _____
(From Date) (To Date)

Disposition of Evidence _____
(If action was initiated by Wisconsin Department of Revenue)

The foregoing is a report of the records on file in this Court, in witness whereof I have set my
hand this _____ day of _____, 20____

Signed _____

Title _____

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town of _____
 Village of _____ County of _____
 City of _____

The undersigned duly authorized officer(s)/members/managers of _____
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as _____
(trade name)

located at _____

appoints _____
(name of appointed agent)

_____ (home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _____

Place of residence last year _____

For _____
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, _____, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

(signature of agent) _____ (date)

Agent's age _____

(home address of agent)

Date of birth _____

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clark cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)