Instructions | TAB through to navigate. Use mouse to check applicable boxes, press spacebar, or press Enter. | Save | Print | Clear

# Renewal Alcohol Beverage License Application

*Submit to municipal clerk.* **Read instructions on reverse side.**

| Applicant's WI Seller's Permit No.: | FEIN Number: |
|---|---|

| LICENSE REQUESTED ▶ | |
|---|---|
| **TYPE** | **FEE** |
| ☐ Class A beer | $ |
| ☐ Class B beer | $ |
| ☐ Class C wine | $ |
| ☐ Class A liquor | $ |
| ☐ Class A liquor (cider only) | $ N/A |
| ☐ Class B liquor | $ |
| ☐ Reserve Class B liquor | $ |
| ☐ Class B (wine only) winery | $ |
| Publication fee | $ |
| **TOTAL FEE** | $ |

For the license period beginning: _____ (MM DD YYYY) ending: _____ (MM DD YYYY)

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/Nonprofit 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. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ 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, consumption, 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 county or 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? **If yes, explain.** _____ ☐ Yes ☐ No

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? If not, explain. _____ ☐ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] . . . . . ☐ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . . ☐ 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 by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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 [illegible] for submitting false statements and affidavits in connection with this application. Any person who knowingly provides mater[illegible] application may be required to forfeit not more than $1,000.

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_____

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

## 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 |

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# Instructions for Renewal Alcohol Beverage License Application

**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. One partner must sign application. **Reminder**: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

**CORPORATIONS:**

One officer 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-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

**LIMITED LIABILITY COMPANY:**

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** 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.

**DISCRIMINATION CLAUSE –** (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under 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 _____



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