

# Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

**License(s) Requested:** (up to two boxes may be checked)

- |   |  |
|---|--|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____          | <input type="checkbox"/> Class "B" Beer ..... \$ _____     |
| <input type="checkbox"/> "Class A" Liquor ..... \$ _____        | <input type="checkbox"/> "Class B" Liquor ..... \$ _____   |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____  |  |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship)			
2. Business Trade Name or DBA			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type ( <i>check one</i> ) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address			
10. City		11. State	12. Zip Code
13. County		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone		17. Premises Email	18. Website
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.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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. <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . .  Yes  No beverages.  
 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
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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

**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.
Title	Email	Phone
Signature		Date

**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-200 Instructions

## Alcohol Beverage License Application

### Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get a retail alcohol beverage license.

### Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

### Specific Instructions

#### *License Period:*

- Annual licenses expire June 30 each year, except licenses issued by the City of Milwaukee. Annual licenses issued by the City of Milwaukee also may be issued at any time throughout the year, but are valid for one year from the date of issuance.

#### *License Requested and License Fees:*

- Select the alcohol beverage license(s) you would like to apply for.
- Generally, you may apply for no more than two licenses for the same premises. Further, some license combinations are not acceptable, (e.g., “Class A” and a Class “B”).
- For descriptions of each of the alcohol beverage licenses and their authorizations, see [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#), and [Fact Sheet 3101, Licenses for Retail Sale of Alcohol Beverages](#).
- License costs are determined by the municipality within a range set by state law. Ask your clerk how much the license, background check, and publishing fees in that municipality cost.
- License fees for licenses issued for less than one year must be prorated according to the number of months or fraction of months remaining in the licensing period.

#### *Part A: Premises/Business Information*

- Box 1: Enter the legal business name or individual name if a sole proprietor.
- Box 2: Enter the trade name or “doing business as” name, if different than the name in box 1.
- Box 4: Seller’s permits begin with the digits “456.” For questions about obtaining a seller’s permit, see [Seller’s Permit Common Questions](#).
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 6-7: Provide the state and date of organization of the legal entity.
- Box 8: Provide the Wisconsin Department of Financial Institutions Registration number. This number is assigned to the entity when it is registered with DFI. It can be located using the Department of Financial Institution’s [Corporate Records Search](#).
- Boxes 9-19: All requests for “premises” information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 19: Describe the premises in detail. Include outdoor spaces if your municipality allows it. Some municipalities have specific requirements for outdoor spaces as a part of the licensed premises. Call your municipal clerk to learn more. Attach a floor plan if possible.

**Example:** The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.

- Box 20-23 Provide the mailing address for the business, if different from the address in boxes 9-12.

#### *Part B: Questions*

- Questions 1 and 2: Disclose any civil or criminal violations of law and pending charges in any jurisdiction (federal, state, or local ordinance). Include detailed descriptions of any violations of law involving alcohol beverages. Attach additional sheets as necessary.

- Question 3: Wisconsin law generally prohibits alcohol beverage industry members from having an interest in another tier. The law provides some exceptions, with limitations, for restricted investors. If the applicant business, or any of its officers, directors, members, agent, employees, owners, or other related individuals has an interest in an alcohol beverage producer or distributor, list the restricted investors and describe the nature of their interest. A restricted investor with an allowable interest in another tier must complete AB-104, Restricted Investor Affidavit. Attach additional sheets as necessary.
- Question 4: If the applicant is owned by another business entity, provide the legal entity name(s) and FEIN(s) of all upstream entity ownership. Attach an organizational chart if possible. Include all persons involved in upstream entity ownership in the table in Part C and submit Form AB-100 for each of those persons with this application.
- Question 5: Wisconsin law requires all sole proprietors, partners, and agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless one of the following applies. Submit the associated document with this application.
  - The applicant is renewing a license, or
  - Within the past two years:
    - a. The applicant held a manager's or operator's (bartender) license.
    - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued alcohol beverage license in Wisconsin.

**Note:** To learn about your responsibility to complete the responsible beverage server requirement, please review [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#).

- Question 6: A licensee may only buy liquor or beer for cash or on credit terms for a period not to exceed 15 days for beer and 30 days for liquor. A person may not be issued a license if they are indebted to a wholesaler in excess of these limits.
- Question 7: Renewal of licenses may be denied pursuant to a local ordinance if the licensee owes past due municipal taxes, assessments, or other fees.

#### *Part C: Individual Information*

- Provide basic information for all persons involved in the retail alcohol beverage business who are owners, officers, directors, managers, members, or the agent. Include ownership information as identified in Part B, Question 4.

**Example:** Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.

- Sole-proprietors, partners in a partnership, and the agent of an LLC or corporation must reside in Wisconsin continuously for 90 days prior to application.
- Include an Alcohol Beverage Individual Questionnaire (Form AB-100) for each person listed in this section with the submission of this application.

#### *Part D: Attestation*

- Read the attestation carefully, then sign and date.

#### *Part E: For Clerk Use Only*

- “*Date license granted*” means the date the municipal governing body approves the license to be issued.
- “*Date license issued*” means the date the municipal clerk issues the license certificate document.

### **Completion and Submission of AB-200**

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- License applications must be filed with the municipal clerk at least 15 days before they can be approved by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- In addition to Form **AB-200**, include:
  - Form AB-100, *Alcohol Beverage Individual Questionnaire*, for all individuals listed in part C
  - Form AB-101 *Alcohol Beverage Appointment of Agent*, for corporation, nonprofit organizations, and LLC applicants
  - License and publication fees as required by your municipality

- Responsible beverage server training course completion certificate or other acceptable replacement document described in Part B, Question 5
- Proof the applicant holds a seller's permit, such as a copy of the seller's permit document

**Note:** See [Publication 206](#), *Sales Tax Exemptions for Nonprofit Organizations*, for information on when a nonprofit organization may be exempt from holding a seller's permit.

- All other information and documents required by your municipality

**NOTE:** You are required by federal law to register as an Alcohol Dealer with the federal Alcohol and Tobacco Tax and Trade Bureau (TTB) before beginning business. Use [Form TTB F 5630.5d](#), *Alcohol Dealer Registration*, and return the form to the address listed on the instructions.

## Open Records

This application is an open record under Wisconsin law (sec. [19.35](#), Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department publishes a list of alcohol beverage licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

## Assistance

This form is designed by the Department of Revenue for use by municipal governments. If you require assistance with this form, consider reaching out to your municipal clerk for assistance with the following:

- Submission of this application and associated forms
- Availability and cost of certain licenses

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

**Website:** [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

**Write:** [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

**Call:** (608) 264-4573

## Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#) *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#) *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#) *"Class B" Liquor License Quotas*

# Alcohol Beverage Individual Questionnaire

Date

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.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type ( <i>check one</i> )	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name	2. First Name	3. M.I.	
4. Relationship to Business (Title)	5. Email	6. Phone	
7. Home Address			
8. City	9. State	10. Zip Code	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . . .			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Years</td> <td style="width: 50%; padding: 2px;">Months</td> </tr> </table>	Years	Months
Years	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1	City	State	Zip Code		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
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		
State	County	State	County		

*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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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
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# Form AB-100 Instructions

## *Alcohol Beverage Individual Questionnaire*

### **Who must complete Form AB-100?**

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons must be identified in Form AB-101, *Alcohol Beverage Appointment of Agent*, Form AB-200, *Alcohol Beverage License Application*.

### **Where do I submit Form AB-100?**

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent* to the issuer of the authorization.

### **Specific Instructions**

#### *Date*

- Date the form in the top right corner.

#### *Part A: Business Information*

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

**Note:** This business information must match the information on any license application (Form AB-200) or existing license certificate.

#### *Part B: Individual Information*

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

#### *Part C: Address History*

- Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

#### *Part D: Criminal History*

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

**Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.),** persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

#### *Part E: Attestation*

- Read the attestation carefully, then sign and date.



## Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses.

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

**Website:** [DOR Alcohol Beverage \(wi.gov\)](http://wi.gov)

**Write:** [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

**Call:** (608) 264-4573

## Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *DOR Alcohol Beverage Laws for Retailers Licenses*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#) *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#) *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#) *"Class B" Liquor License Quotas*

**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)

2. Business Trade Name or DBA

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.

4. Email

5. Phone

6. Home Address

7. City

8. State

9. Zip Code

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

**Part C: Agent Questions**

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? .....  Yes     No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes     No  
See instructions for exceptions.

*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.
Title	Email		Phone	
Signature			Date	

**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.
Signature			Date	

# Form AB-101 Instructions

## *Alcohol Beverage Appointment of Agent*

### **Who must complete Form AB-101?**

State law requires corporations, limited liability companies (LLCs), and nonprofit organizations to appoint an agent that takes responsibility for the licensed or permitted premises.

Use this form to appoint an agent for a new premises or to appoint a successor agent when there is a change before the license or permit is up for renewal.

### **Where do I submit Form AB-101?**

Submit Form AB-101 to the appropriate issuing authority, either the clerk of the municipality in which the business or organization is located, or the Division of Alcohol Beverages.

Form AB-101 may be submitted with a license or permit application or at any time to indicate there is a change in agent prior to the license or permit renewal period.

### **Specific Instructions**

#### *Date:*

- Date the form in the top right corner.

#### *Agent Type:*

- Select original appointment if you are applying for your license or permit for the first time or are renewing a license or permit.
- Select successor agent if you are reporting a change of agent during the licensing or permitting period.

#### *Part A: Business Information*

- Box 1: Enter the legal business name. If a sole-proprietorship, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as", if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

**Note:** This business information must match the information on the license or permit application.

- Box 4: Select which alcohol beverage authorization you hold or are applying for.
- Box 5: For appointment of a successor agent, enter your state permit number (15-digit Wisconsin Tax ID number) or municipal retail license number (if applicable) for which you are appointing a successor agent. If you do not have a municipal retail license number, provide any applicable identifier (e.g., store number or location).
- Box 6: For appointment of a successor agent, describe the reason for the change in agent.

#### *Part B: Agent Information*

- Provide all requested personal information.

#### *Part C: Agent Questions*

- Question 1: Wisconsin law requires all agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless:
  - The applicant is renewing a municipal alcohol beverage retail license, or
  - Within the past two years:
    - a. The applicant held a manager's or operator's (bartender) license.
    - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued retail alcohol beverage license in Wisconsin.

- Some agents for state permittees are exempt from responsible beverage server course requirements. The following permittees are exempt from RBS course requirements: Alcohol Beverage Warehouse, Industrial Fermented Malt Beverages, Wholesalers, Manufacturers, Rectifiers, Direct Wine Shippers, Wholesale Alcohol, Medicinal Alcohol, Industrial Alcohol, and Industrial Wine.
  - If you are applying to be the agent of one of these exempt permittees, answer “yes” to Question 1.
- To learn about your responsibility to complete the responsible beverage server requirement, review [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#).
- Question 2: Appointed agents must submit Form AB-100, *Alcohol Beverage Individual Questionnaire*, in addition to this form.
- Question 3: Appointed agents must be Wisconsin residents for at least 90 continuous days prior to the date of application, except for direct wine shipper permittees.

*Part D: Business Attestation*

- An authorized representative should sign, date, and provide requested personal information on behalf of the business.

*Part E: Agent Attestation*

- The agent being appointed should read the attestation carefully, then sign and date.

**Assistance**

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

**Website:** DOR Alcohol Beverage (wi.gov)

**Write:** DORAlcohol@wisconsin.gov

**Call:** (608) 264-4573

# Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

<b>Part A: Premises/Business Information</b>			
1. Legal Business Name (individual name if sole proprietor)			
2. Business Trade Name or DBA			
3. FEIN	4. Wisconsin Seller's Permit Number		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number	
9. Premises Address (do not use PO Box)			
10. City	11. State	12. Zip Code	
13. County	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City	18. State	19. Zip Code	
20. Premises Phone	21. Premises Email		22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.			

<b>Part B: Questions</b>
1. What products will be sold at this business location? (check all that apply) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.  3a. Name of Parent Company: _____  3b. FEIN of Parent Company: _____

**Part C: Individual Information**

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone

**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 managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature		Date
Name (Last, First, M.I.)		
Title	Email	Phone

**Part E: For Clerk Use Only**

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

# Form CTV-100 Instructions

## *Cigarette, Tobacco, and Electronic Vaping Device Retail License Application*

### **Who needs a cigarette, tobacco, and electronic vaping device retail license?**

Any individual or entity that wants to sell cigarettes, tobacco products, or electronic vaping devices to consumers over the counter or through a vending machine must obtain a retail cigarette, tobacco, and electronic vaping device license.

### **Who issues cigarette, tobacco, and electronic vaping device retail licenses?**

Municipal clerks of cities, villages, and towns issue cigarette, tobacco, and electronic vaping device retail licenses.

### **Specific Instructions**

#### *Part A: Business Information*

- Box 1: Enter the legal business name.
- Box 2: Enter the business trade name or “doing business as” name, if different than the name in box 1.
- Box 4: For questions about obtaining a seller’s permit, see [Seller’s Permit Common Questions](#).
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 14: Check a municipality type and write the name of the governing municipality where the business is located. This may be different from the city listed in the premises address.
- Box 20 – 23: All requests for “premises” information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 23: Describe the premises in detail. Attach a floor plan if possible.
  - Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor sales floor, humidor, north storage room, and south office of the 5,000 square foot building.

#### *Part B: Questions*

1. Check the box(es) corresponding to each type of product you intend to sell. You may check multiple boxes.
2. Check the box(es) corresponding to the type of retail sale intended. This license does not authorize any online sales. Cigarette vending machine retailers must also obtain a Cigarette Vending Machine Operator by completing Form CT-129.
3. If you answer yes to this question, provide the Legal Business Name and FEIN of the parent company in boxes 3a and 3b.

#### *Part C: Individual Information*

- Provide basic information for all persons involved in the cigarette, tobacco product, or electronic vaping device business who are sole-proprietors, partners, officers, members, or agents.
- Example titles: President, Treasurer, Chief Financial Officer, Member, Partner, etc.
- Include an Individual Questionnaire (Form CTV-101) for each person listed in this section with the submission of this application.
- If the applicant is owned by another corporation or LLC as indicated in Part B, Question 3, include information about the parent company’s members or officers in the table, including the completion of Form CTV-101.

#### *Part D: Attestations*

- Read the attestation carefully, then sign and date.

#### *Part E: For Clerks Use Only*

- “Date license issued” means the date the municipal clerk issued the license certificate document.



## Completion and Submission of Form CTV-100

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- In addition to Form CTV-100, include:
  - Form CTV-101 for the sole-proprietor; all officers, directors, and agent of a corporation; all partners of a partnership; all managing members and agent of a limited liability company
  - Form CTV-102 if the applicant is an LLC or corporation
  - Proof the applicant holds a seller's permit, such as a copy of the seller's permit document. Search for active sales tax accounts at [revenue.wi.gov](http://revenue.wi.gov) under [My Tax Account](#), click on "Search Account Number" under the Businesses section. If you have questions about whether a person holds a seller's permit, contact the Department of Revenue at 608-266-2776
  - All other information and documents required by your municipality

## Open Records

This application is an open record under state law (sec. 19.35, Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department may publish a list of cigarette, tobacco product, and electronic vaping device licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

## Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability of certain licenses

If you have questions about cigarette, tobacco product, and electronic vaping device laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: [www.revenue.wi.gov](http://www.revenue.wi.gov)

Write: [DORAlcoholTobaccoEnforcement@wisconsin.gov](mailto:DORAlcoholTobaccoEnforcement@wisconsin.gov)

Call: (608) 264-4573

## Resources Provided by the Department of Revenue

[Wisconsin Department of Revenue Cigarette, Tobacco, and Vapor Product Landing Page](#)

[Permit Predetermination Common Questions](#)

[Vapor Products Tax Common Questions](#)

[Fact Sheet 3501 Vapor Products Tax](#)

## Other Resources

[Tobacco Sales Training](#) – Wisconsin Department of Health Services

[Tobacco 21](#) – Wisconsin Department of Health Services

# Application for Alcohol Beverage Operator's (Bartender's) License

### \*\*\*IMPORTANT INFORMATION\*\*\*

- Applicants must provide a certificate of completion from a Responsible Beverage Server Course taken within the last 2 years or an operator's license within the last two years from another Wisconsin municipality. Approved course information can be found online at <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>
- An Operator's license is a privilege, not a right. **False or misleading answers or omissions may result in the denial of your application.**
- This application must be **completed legibly, accurately and completely.**
- If you have any doubt as to whether to include facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Clerk's office for clarification.
- Your application will not be processed until you address any unpaid debts owed to the City of Beloit and/or outstanding warrants.

### SECTION 1. LICENSE INFORMATION

Choose One <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Special Event/Temporary	<b>If you are applying for a New License or a Special Event/Temporary License, have you completed the Responsible Beverage Server Training Course within the last two years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If 'yes', provide a copy of the certificate of completion of the course with this application
Have you held an operator's license in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If 'Yes', where: _____	
Have you ever had an Operator or any type of alcohol license suspended, revoked, or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide an explanation about the suspension, revocation or denial. Attach additional sheets of paper, if necessary	
Have you read the reverse side of this application which outlines reasons why an application may be denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION 2. APPLICANT INFORMATION (Applicant must be 18 years of age or older to apply)

Applicant Name (First Name, Middle Name, Last Name)			Have you ever used any other name(s) or alias(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Name(s) or Alias(es) (First Name, Middle Name, Last Name)			Phone Number	
Social Security Number	Date of Birth	Place of Birth (County/State)	Race	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Driver's License Number/State ID number	State of Issuance	Email Address		
Current Address (also provide mailing address if different from current address)	City	State	Zip Code	
Previous Address	City	State	Zip Code	
Name and Address of Employer where license will be used (if not currently employed, mark "N/A")				

### SECTION 3. ARREST AND CONVICTION RECORD INFORMATION

This application asks questions regarding past arrests and convictions under federal, state and/or local laws, either as an adult or juvenile. THESE QUESTIONS MUST BE ANSWERED TRUTHFULLY, SO PLEASE READ CAREFULLY. The City performs background checks on all applicants. If you do not give accurate information on this application, or if you give false statements or omissions on the application, it may result in the DENIAL of this application.

#### PENDING CHARGE(S) INFORMATION

Are there any charges (criminal or ordinance violations) currently pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)					
	<u>Date of Violation</u>	<u>Location (City/County/State)</u>	<u>Description of Violation</u>	<u>Next Court Date</u>	<u>Status</u>
1					
At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which incident?					
For any incident you list, did the incident occur in or around an establishment that serves alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which incident?					

#### FELONY CRIMINAL RECORD

Since your 17 <sup>th</sup> birthday, have you ever been arrested or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
As a juvenile, have you ever been waived into adult court and convicted of an offense that would be considered a felony for an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)					
	<u>Date of Conviction</u>	<u>Location (City/County/State)</u>	<u>Description of Felony Offense</u>		
1					
At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which incident?					
For any incident you list, did the incident occur in or around an establishment that serves alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which incident?					

**OTHER CRIMINAL RECORD OR ORDINANCE VIOLATION HISTORY**

In the last 5 years, have you ever been arrested or convicted of a criminal misdemeanor or for violating an ordinance (citation or ticket) or other law of the United States, State, County, City, Village or Town? (Do not include parking violations)  Yes  No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

	<b>Date of Conviction</b>	<b>Location (City/County/State)</b>	<b>Description of Criminal Offense (Non-Felony) or Ordinance Violation</b>	<b>Penalty Imposed</b>
1				
2				
3				
4				
5				

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense?  Yes  No  
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol?  Yes  No  
If so, which incident?

**SECTION 4. PARAMETERS FOR REVIEW OF AN OPERATOR'S (BARTENDER'S) LICENSE**

The City will start by reviewing the applicant's record for the most recent 5-year period, unless a pattern of conduct exists. In general, if you have 1 offense in the last 3 years or 2 (or more) offenses in the last 5 years, your application may be denied. In particular, convictions of the following offenses will be reviewed. If an applicant has a felony conviction, the application will be denied until the applicant has been duly pardoned.

- Giving false or incomplete information, misinformation or failure to disclose information on the Application
- An arrest or conviction of selling/procuring/giving away alcohol to an underage person (2 or more violations within a 12-month period)
- An arrest or conviction of permitting an underage person on premise
- Conviction of any substance abuse and/or drug offense
- Conviction of operating/driving: (1) under the influence of any alcohol or controlled substance (OWI), (2) with a prohibited alcohol concentration (PAC/BAC), and/or (3) with a restricted controlled substance in your system (RCS)
- Conviction of allowing another person to use your operator's (bartender's) license
- Conviction of selling alcohol to an intoxicated person
- Conviction of selling after closing hours
- Conviction of selling without an alcohol license
- Conviction of any part of Chapter 125, Wis. Stats. relating to alcohol beverages
- An arrest or conviction of a charge related to activities performed while bartending
- A habitual law offender where the circumstances of the charges substantially relate to the licensing activity

Due to the discretionary nature of the alcohol beverage licensing, it is not possible to state every circumstance that may result in approval or denial of an application. To the extent state statutes or ordinances provide additional grounds for denial or non-renewal, the City may rely on such provisions. If an application is recommended for denial, the applicant will be provided a letter stating the reasons for the recommendation. An applicant has the right to appeal the decision by submitting a written request to the City Clerk that states, in detail, the grounds the applicant believes should result in the reversal of the denial. The appeal shall be signed and dated by the applicant. The appeal will be submitted to the ABLCC and the City Council for further review.

**SECTION 5. CERTIFICATION**

\*\*\* PLEASE READ CAREFULLY BEFORE SIGNING\*\*\*

By signing this application, I hereby swear (or affirm) that the information provided in this application is true and correct to the best of my knowledge and belief. I certify that I am familiar with the laws, ordinances, and regulations pertaining to the sale of alcoholic beverages and I agree to obey all provisions of the law. I understand that giving false or inaccurate information or withholding requested information on this application will result in the denial of this application. Further, by my signature, I am hereby authorizing the City to conduct a background check and I am releasing the City and its elected officials, officers, employees, and agents from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization to request to release information or any attempt to comply with it.

I understand that if approved, my license will be sent to my employer if my employer was identified in Section 2. **I further understand that if my application is denied the fees that I paid are non-refundable.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>New/Renewal License</b> (2 year license) <b>\$50.00</b> ; expires _____                                  | <input type="checkbox"/> RBSC completed on _____      | <input type="checkbox"/> Sent to PD on _____    |
| <input type="checkbox"/> <b>New License</b> (partial term if filed after 7/1 of 2 <sup>nd</sup> year) <b>\$35.00</b> ; expires _____ | <input type="checkbox"/> Photo ID checked             | <input type="checkbox"/> Rec'd from PD on _____ |
| <input type="checkbox"/> <b>Provisional License</b> <b>\$15.00</b> ; expires _____   | <input type="checkbox"/> Treas. check sheet completed | <input type="checkbox"/> Lic/Ltr sent on _____  |
| <input type="checkbox"/> <b>Special Event/Temporary License</b> <b>\$7.00</b> ; Date(s) of Event: _____                              |   |   |

**RECOMMENDATIONS / FINAL ACTION**

**Police Dept Action** Date: \_\_\_\_\_  Approved  Denied Chief of Police/Designee Signature: \_\_\_\_\_

**If license is denied, state reason(s) for denial or attach a separate document:**

**City Council Action** Date: \_\_\_\_\_  Approved  Denied Notification to Applicant sent:



## SUPPLEMENTAL QUESTIONNAIRE FOR AGENTS

You are required to provide the following information to the City of Beloit to assist in determining whether you meet the qualifications necessary to act as agent for the corporation or limited liability company that has submitted your appointment as agent. (Wis. Stats. 125.04(5) and (6)).

Please attach as many sheets as necessary to provide your answers to the questions below. Your signature is required on the next page and constitutes your sworn statement that the information provided by you is truthful and accurate. It is also necessary that you have a corporate officer sign the second page also. The signing by the corporate officer constitutes a representation to the city that the corporation is requesting that the city rely on the information provided by the agent, which you attach.

### QUESTIONS

1. The law requires that the entity appointing you as agent vest in you, by properly authorized and executed written delegation, full authority and control of the premises described in the license or permit of the entity, and of the conduct of all business on the premises relative to alcohol beverages, that the license or permittee could have and exercise if it were a natural person. Please state in your own words how you intend to fulfill those duties and exercise your authority.
2. Please describe any previous experience you have had in retail alcohol sales.
3. Please state how many other people will be under your supervision and engaged in alcohol beverage business.
4. Please describe what type of training you will offer to those under your supervision, describe whether the training will be ongoing, and attach any written training materials or policy manuals you intend to rely on.
5. Please describe in detail what training, policy, and procedures you intend to implement to ensure against underage sales.
6. Please describe what other employees will hold licenses to directly dispense alcohol.
7. Please describe whether you are going to be a full time employee and further state whether you either act as an alcohol agent for any other business or hold any other employment.
8. Please state your intended hours or schedule of being physically present at the licensed premises. Your intended hours should be set on a daily, weekly, or monthly basis as appropriate.

9. Please state whether you understand that you can be personally given citations by the police department for such things as underage sales, open after hours, or other alcohol related violations even when you are not on the premises.
10. Please describe any alcohol related violations you have been charged with in the last five (5) years. Provide the date of the offense, the nature of the charge, and the disposition of the matter. If there are none, so state.
11. Please provide any other information you believe that the City of Beloit should be aware of in deciding whether you satisfactorily qualify to be an alcohol beverage agent.

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Agent Signature

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Print Agent Name

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Corporate Officer Signature  
(Designate Office)

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Print Corporate Officer Name