

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/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. 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 corporation, or limited liability company or any individual, partner, corporate officer, director, member/manager of limited liability company or agent been convicted of any felony or misdemeanor (other than traffic unrelated to alcohol beverages) for violation of any federal law, any Wisconsin laws, any laws of any other states or ordinances of any municipality? If yes, complete reverse side. Yes No
 b. Are there any charges (other than traffic unrelated to alcohol beverages) presently pending against such persons since previous application? 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 by law, 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 _____
 _____ (Clerk/Notary Public)
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company / 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 | \$ _____ |