



# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_; ending \_\_\_\_\_ 20\_\_\_\_

TO THE GOVERNING BODY of the:  Town of } \_\_\_\_\_  
 Village of } \_\_\_\_\_  
 City of }

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

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ \_\_\_\_\_

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

3. Trade Name ▶ \_\_\_\_\_ Business Phone Number \_\_\_\_\_

4. Address of Premises ▶ \_\_\_\_\_ Post Office & Zip Code ▶ \_\_\_\_\_

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
8. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) \_\_\_\_\_
10. Legal description (omit if street address is given above): \_\_\_\_\_
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
 (b) If yes, under what name was license issued? \_\_\_\_\_
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  Yes  No
14. 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.) 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.

### 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 provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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	\$ _____
<b>TOTAL FEE</b>	<b>\$ _____</b>

**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/Village/City of \_\_\_\_\_ County 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 \_\_\_\_\_

Date of birth \_\_\_\_\_

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk 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)

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name) (First Name) (Middle Name)		MAIDEN/FORMER NAME		Driver's License Number - Include State and Number	
HOME ADDRESS (Street/Route)			CITY	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:

- (a) How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_

(b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? . . . . .  Yes  No
- (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? . . . . .  Yes  No

(b) Have you ever been convicted of any violations of any municipal ordinances? . . . . .  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 employe 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)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, 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; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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 \_\_\_\_\_

# ALCOHOL BEVERAGE CORPORATIONS/LIMITED LIABILITY COMPANY - STATEMENT OF STOCK OWNERSHIP

This statement is required of all corporations or limited liability companies applying for an Alcohol Beverage License in the City of Milwaukee (see Sec. 90-7(2) Milwaukee Code). All persons who individually own 10% or more of the total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below. **NOTE: Penalties for submitting false statements or affidavits are provided in Sec. 90-5(2) of the MCO.**

Print Legibly or Type

Name of Corporation/LLC: \_\_\_\_\_

Address of Licensed Premises: \_\_\_\_\_

## STOCKHOLDERS

### Stockholder #1

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

### Stockholder #2

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

### Stockholder #3

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

### Stockholder #4

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

### Stockholder #5

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

(if more space is required, attach additional sheets in duplicate)

**We understand that transfers of stock must be reported to the City Clerk within 10 days after such transfer.**

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Officer of Corporation/Member of LLC

\_\_\_\_\_  
Notary Public, State of Wisconsin

\_\_\_\_\_  
Signature of Officer of Corporation/Member of LLC

My Commission expires: \_\_\_\_\_

NOTARY SEAL MUST BE AFFIXED