

# 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 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? [phone (608) 266-2776]  Yes  No
- 10. 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
- 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)

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

## 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-106 (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-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) 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 \_\_\_\_\_