

# Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

**License(s) Requested**

- |  |   |
|--|---|
| <input type="checkbox"/> Class "A" Beer . . . . . \$ _____<br><input type="checkbox"/> Class "B" Beer . . . . . \$ _____<br><input type="checkbox"/> "Class C" Wine . . . . . \$ _____<br><input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class A" Liquor . . . . . \$ _____<br><input type="checkbox"/> "Class B" Liquor . . . . . \$ _____<br><input type="checkbox"/> "Class A" Liquor (Cider Only) \$ 0<br><input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |
|--|---|

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

**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)		
2. Trade Name or DBA		
3. Premises Address		
4. County	5. Municipality	6. Aldermanic District
7. Mailing Address (if different from premises address)		
8. FEIN	9. Wisconsin Seller's Permit Number	
10. Premises Phone	11. Premises Email	
12. 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		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.		

**Part B: Questions**

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.

<b>Part C: For Corporate/LLC Applicants Only</b>	
1. State of Registration	2. Date of Registration
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Parent Company	FEIN of Parent Company
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.	
5. Agent's Last Name	Agent's First Name
	Phone

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent 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 E: Attestation**

Who must sign this application?  
• sole proprietor      • one general partner of a partnership      • one corporate officer      • one managing 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.

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

**Part F: For Clerk Use Only**

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

# Form AT-106 Instructions

## Original 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?

Municipal clerks of 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 may be issued at any time throughout the year and 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](#).
- 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 1 year must be prorated according to the number of months or fraction of months remaining in the licensing year.

#### Part A: Premises/Business Information

- Enter the legal business name in box 1.
- Enter the trade name or "doing business as" name in box 2, if different than the name in box 1.
- All requests for "premises" information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Check one entity type in box 12 to indicate how the business is legally organized.
- Box 9: For questions about obtaining a seller's permit, see [Sellers Permit Common Questions](#).
- Box 13: 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.

#### Part B: Questions

- Question 1: 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:
  - 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.
- 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 2: Wisconsin law generally prohibits businesses and individuals from having an interest in more than one tier of the alcohol beverage industry (production, wholesale, and retail). Some examples of prohibited interest restrictions are described in Administrative Code ([Tax 8.87](#), Wis. Adm. Code).

#### *Part C: For Corporate/LLC Applicants Only*

- Complete this section if you checked corporation or a limited liability company in box 12, Part A.
- Box 3: If the applicant is owned by another corporation or LLC, include information about the parent company's principal managing members, officers, or directors in Part C below, including the completion of Form AT-103.
- Box 4: Some examples of prohibited interest restrictions are described in Administrative Code ([Tax 8.87](#), Wis. Adm. Code).
- Box 5: List the name and the phone number of your appointed agent. Include a Form AT-103 for that person and a Form AT-104 with your application.

**Note:** If the applicant business, parent company, or any managing members, directors, or officers of either entity hold a direct or indirect interest in an alcohol beverage producer or wholesaler, you may not be eligible to hold a retail alcohol beverage license. Before submitting this form, reach out to your municipal clerk or the Department of Revenue.

#### *Part D: Individual Information*

- Provide basic information for all persons involved in the retail alcohol beverage business who are owners, officers, directors, managing members, or the agent.
- Example titles: 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.
- Include a Supplemental Questionnaire (Form AT-103) for each person listed in this section with the submission of this application.

#### *Part E: Attestation*

- Read the attestation carefully, then sign and date.

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

- "Date license granted" means the date the municipal governing body approved the license to be issued.
- "Date license issued" means the date the municipal clerk issued the license certificate document.

### **Completion and Submission of AT-106**

- 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 AT-106, include:
    - Form AT-103 for the sole-proprietor; all officers, directors, and agent of a corporation or nonprofit organization; all partners of a partnership; all managing members and agent of a limited liability company
    - Form AT-104 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 1
    - 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 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 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 local clerk for assistance with the following:

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

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

Date

Form  
AT-103

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

<b>Part A: Premises/Business Information</b>				
1. Registered Entity Name (or individual name if sole proprietor)				
2. 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. Name (Last, First, M.I.)				
2. Relationship to Registered Entity (Title)		3. Email		4. Phone
5. Home Address				
6. City		7. State	8. Zip Code	9. Date of Birth
10. Drivers License/State ID Number			11. Drivers License/State ID State of Issuance	

<b>Part C: Address History</b>	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

<b>Part D: Employment History</b>	
List in chronological order your last two employers within the last 5 years.	
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

<b>Part E: Criminal History</b>	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

<b>Part F: Questions</b>		
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Part G: Attestation</b>	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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

# Form AT-103 Instructions

## *Alcohol Beverage License Application/Supplemental Questionnaire*

### Who must complete Form AT-103?

All persons involved in the applicant business who are partners of a partnership, officers, directors, managing members, sole proprietors, or agents. These persons must be identified in the schedule for appointment of agent (Form AT-104), original license application (Form AT-106), retail license transfer (Form AT-108) the renewal license application (Form AT-115), or the appointment of successor agent (Form AT-200).

### Where do I submit Form AT-103?

Submit this form with Form AT-104, AT-106, AT-108, AT-115, or AT-200 to the clerk of the municipality in which the applicant business is located.

### Specific Instructions

#### *Date*

- Date the form in the top left corner.

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

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

**Note:** This business information must match the information on the license application (Form AT-106 or AT-115).

#### *Part B: Individual Information*

- Provide all requested personal information.
- For box 2: 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*

- List your two most recent addresses within the past five years.

#### *Part D: Employment History*

- List your two most recent employers/business ventures within the past five years.

#### *Part E: 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 a retail alcohol beverage license 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 F: Questions*

- Question 4: Wisconsin law generally prohibits businesses and individuals from having an interest in more than one tier of the alcohol beverage industry (production, wholesale, and retail). Disclose whether you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery).
- Examples of prohibited interest restrictions are described in Administrative Code (Tax 8.87, Wis. Adm. Code).



**Note:** If you hold a direct or indirect interest in an alcohol beverage wholesaler or producer, you may not be eligible to hold an alcohol beverage license. Before submitting this form, reach out to your municipal clerk or the Department of Revenue.

*Part G: 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://DORAlcoholBeverage.wi.gov)

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

# 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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  
 Village of \_\_\_\_\_ County of \_\_\_\_\_  
 City

The undersigned duly authorized officer/member/manager 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)*

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## 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 \_\_\_\_\_

\_\_\_\_\_  
*(Home Address of Agent)* 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)*