

SECTION 2 – To be completed by Concessionaire

NAME OWNER OF BAR FIXTURES AND STATE TERMS OF LEASE OR RENTAL.

DOES THE APPLICANT UNDERSTAND A FEDERAL OCCUPATIONAL TAX STAMP MUST BE OBTAINED FOR THE SPECIFIED PERIOD? YES NO
 IS THE APPLICANT AN EMPLOYE OR AGENT OF, OR ACTING ON BEHALF OF ANYONE EXCEPT THE NAMED APPLICANT? YES NO
 EXPLAIN YES ANSWER IN DETAIL.

DOES THE APPLICANT, ANY MEMBER OF THE PARTNERSHIP, OFFICER, DIRECTOR, STOCKHOLDER, MEMBER, OR AGENT HOLD ANY INTEREST IN ANY OTHER RETAIL BEER AND/OR LIQUOR LICENSE OR WHOLESALE BEER LICENSE OR LIQUOR PERMIT IN WISCONSIN? YES NO
 IF YES, IDENTIFY:

NAME	LOCATION	TYPE OF LICENSE

DOES ANY RETAIL ALCOHOL BEVERAGE LICENSEE, WHOLESALE BEER LICENSEE OR WHOLESALE LIQUOR PERMITTEE OR ANY OFFICER, DIRECTOR, STOCKHOLDER, MEMBER, OR SUCH PERMITTEE OR LICENSEE HAVE ANY INTEREST IN THIS LICENSE? YES NO
 IF YES, IDENTIFY:

NAME	LOCATION	TYPE OF LICENSE

DOES THE APPLICANT UNDERSTAND THAT ANY PERMIT ISSUED WILL BE VOID AND SUBJECT TO REVOCATION IF INDEBTED IN EXCESS OF 15 DAYS FOR FERMENTED MALT BEVERAGES OR 30 DAYS FOR INTOXICATING LIQUORS? YES NO

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____ 20 _____

 (Clerk/Notary Public)

My Commission expires _____

 (President of Corp./Partner/Individual/Member of Limited Liability Company)

 (Secretary of Corp./Partner/Member of Limited Liability Company)

 (Additional Partner(s)/Members, If Any)

SECTION 3 – Approval by Law Officer

I, _____, chief law enforcement officer of _____, have searched the records maintained _____, (Municipality in which the airport or public facility is located) by my department and have contacted the Wisconsin Crime Information Bureau. I know of no reason a retail "Class B" intoxicating liquor permit should not be issued to _____ (Name of person to be licensed) to operate at the _____ (Name of airport or public facility).

 (Signature of Officer)

 (Title of Officer)

AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, and agent applying for a permit to sell alcohol beverages.

1. Name _____
(print or type) Last First M.I.

2. Title _____

3. Business or occupation for past three years:

4. Date of Birth _____ Place of Birth _____

5. Have you ever been convicted of violating any federal law?
 Yes No; state law Yes No
Any municipal ordinance? Yes No
(Attach explanation of any Yes answer.)

6. Are you an officer, director, agent or employe of any person, member of Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
 Yes No
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under the penalties of law that I have examined this information and to the best of my knowledge, it is true, correct, and complete.

Your Signature Date

1. Name _____
(print or type) Last First M.I.

2. Title _____

3. Business or occupation for past three years:

4. Date of Birth _____ Place of Birth _____

5. Have you ever been convicted of violating any federal law?
 Yes No; state law Yes No
Any municipal ordinance? Yes No
(Attach explanation of any Yes answer.)

6. Are you an officer, director, agent or employe of any person, member of Limited Liability Company or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
 Yes No
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under the penalties of law that I have examined this information and to the best of my knowledge, it is true, correct, and complete.

Your Signature Date

1. Name _____
(print or type) Last First M.I.

2. Title _____

3. Business or occupation for past three years:

4. Date of Birth _____ Place of Birth _____

5. Have you ever been convicted of violating any federal law?
 Yes No; state law Yes No
Any municipal ordinance? Yes No
(Attach explanation of any Yes answer.)

6. Are you an officer, director, agent or employe of any person, member of Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
 Yes No
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under the penalties of law that I have examined this information and to the best of my knowledge, it is true, correct, and complete.

Your Signature Date

1. Name _____
(print or type) Last First M.I.

2. Title _____

3. Business or occupation for past three years:

4. Date of Birth _____ Place of Birth _____

5. Have you ever been convicted of violating any federal law?
 Yes No; state law Yes No
Any municipal ordinance? Yes No
(Attach explanation of any Yes answer.)

6. Are you an officer, director, agent or employe of any person, member of Limited Liability Company or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
 Yes No
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

I declare under the penalties of law that I have examined this information and to the best of my knowledge, it is true, correct, and complete.

Your Signature Date

SCHEDULE FOR APPOINTMENT OF AGENT

Each corporation or Limited Liability Company applying for a permit to sell intoxicating liquor must appoint an agent pursuant to Section 125.04(6), Wisconsin Statutes. The following questions must be answered by the agent, the appointment must be signed by the president and secretary of the corporation or members of Limited Liability Company, and the appointment must be made by the proper local official.

NAME	ADDRESS	DATE OF BIRTH
NAME OF CORPORATION/LIMITED LIABILITY COMPANY		
OCCUPATION		
HAVE YOU BEEN A CONTINUOUS RESIDENT OF WISCONSIN FOR AT LEAST 90 DAYS PRIOR TO THE DATE OF APPOINTMENT AS AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF FEDERAL LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LOCAL ORDINANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN FULLY ANY QUESTION ANSWERED YES.		
I DECLARE UNDER THE PENALTIES OF LAW THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE.		
AGENT SIGN HERE	SIGNATURE	DATE

APPOINTMENT OF AGENT

_____ APPOINTS _____		
AS AGENT IN ACCORDANCE WITH SECTION 125.04(6), WISCONSIN STATUTES, SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF REVENUE.		
PRESIDENT/MEMBER SIGN HERE	SIGNATURE	DATE
SECRETARY/MEMBER SIGN HERE	SIGNATURE	DATE

ACCEPTANCE BY AGENT

I HEREBY ACCEPT APPOINTMENT AS AGENT FOR _____ AND ASSUME FULL RESPONSIBILITY FOR THE CONDUCT OF THE BUSINESS RELATIVE TO FERMENTED MALT BEVERAGES AND INTOXICATING LIQUOR.		
AGENT SIGN HERE	SIGNATURE	DATE

APPROVAL OF AGENT

THE AGENT APPOINTED ABOVE MUST BE APPROVED AS FOLLOWS: (A) IN TOWNS BY THE TOWN CHAIRMAN (B) IN VILLAGES BY THE PRESIDENT OF THE VILLAGE (C) IN CITIES BY THE CHIEF OF POLICE	THE APPOINTMENT ABOVE IS HEREWITH APPROVED. _____ WI, _____ 20 ____ (SIGNATURE OF OFFICIAL) _____ TITLE
--	---