

Wisconsin Department of Revenue
 Excise Tax Section 6-107
 PO Box 8900
 Madison, WI 53708-8900
 (608) 261-6435
 Fax (608) 261-7049

DEPARTMENT USE ONLY

APPLICATION FOR AIRPORT/PUBLIC FACILITY PERMIT

| |
|--------------------|
| TAX ACCOUNT NUMBER |
| DATE OF ISSUANCE |

| | | | | |
|------|------------------------------|---------------------|---|--|
| DATE | TELEPHONE NUMBER () | BUSINESS TAX NUMBER | FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) ____ - ____ - ____ | SOCIAL SECURITY NUMBER (If you do not have a FEIN number) OR ____ - ____ - ____ |
|------|------------------------------|---------------------|---|--|

SECTION 1 – To be completed by Chairperson and Clerk of Municipality or County

Under the provisions of Sections 125.51(5)(b) of the Wisconsin Statutes and a resolution passed by the governing body of (municipality) _____ or (county) _____ (a copy of which is attached), application is being made for a "Class B" intoxicating liquor permit for use on the following described premises which is:

| | |
|--|--|
| A. OWNED AND OPERATED BY | KNOWN AS |
| ADDRESS OF PREMISES | LOCATED IN THE: (CHECK ONE) <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF |
| FROM THE DAY OF 20 | THROUGH THE DAY OF 20 |

| |
|---|
| B. APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY |
| INDIVIDUAL OR PARTNERSHIP: (IF A PARTNERSHIP, ALL PARTNERS MUST BE LISTED) |
| NAME |
| HOME ADDRESS |
| NAME |
| HOME ADDRESS |
| NAME |
| HOME ADDRESS |
| NAME OF CORPORATION/LIMITED LIABILITY COMPANY |
| STATE AND DATE OF INCORPORATION/REGISTRATION |
| IS APPLICANT CORPORATION A SUBSIDIARY OF ANY OTHER CORPORATION OR LIMITED LIABILITY COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE CORPORATE NAME OR NAME OF LIMITED LIABILITY COMPANY: |
| OFFICERS AND DIRECTORS – AN AGENT MUST BE APPOINTED. |
| PRESIDENT/MEMBER |
| HOME ADDRESS |
| VICE PRESIDENT/MEMBER |
| HOME ADDRESS |
| SECRETARY/MEMBER |
| HOME ADDRESS |
| TREASURER/MEMBER |
| HOME ADDRESS |
| AGENT |
| HOME ADDRESS |
| DESCRIBE THE ROOM(S) OR AREA TO BE LICENSED FOR THE SALE AND STORAGE OF INTOXICATING LIQUORS. |
| |
| THE ANNUAL FEE IN THE AMOUNT OF \$300 IS PAYABLE TO THE WISCONSIN DEPARTMENT OF REVENUE. |

DECLARATION

_____, Chairperson of the governing body of _____ and _____, Clerk of said body, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

| | | |
|-------------|-------|------|
| CHAIRPERSON | CLERK | DATE |
|-------------|-------|------|

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 _____ to operate at the
 _____ (Name of person to be licensed)
 _____ (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 |
|--|---|