

Wisconsin Department of Revenue
 Excise Tax Section 6-107
 PO Box 8902
 Madison, WI 53708-8900
 (608) 261- 6435
 Fax (608) 261-7049

DEPARTMENT USE ONLY

TAX ACCOUNT NUMBER
DATE OF ISSUANCE

APPLICATION FOR SPORTS CLUB PERMIT FOR ALCOHOL BEVERAGE LICENSE

DATE	TELEPHONE NUMBER ()	BUSINESS TAX NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____
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TO THE SECRETARY OF REVENUE:

We hereby apply for a state country club permit to sell intoxicating liquor, fermented malt beverages, at retail at the premises described below from the _____ day of _____, 20____ through the _____ day of _____ 20____.

APPLICANT (Print)		
NAME OF CLUB	ADDRESS	DATE AND PLACE OF ORGANIZATION
OFFICERS, DIRECTORS, AND MEMBERS:		
PRESIDENT/MEMBER	HOME ADDRESS	
VICE PRESIDENT/MEMBER	HOME ADDRESS	
SECRETARY/MEMBER	HOME ADDRESS	
TREASURER/MEMBER	HOME ADDRESS	
AGENT/MEMBER	HOME ADDRESS	

LOCATION AND DESCRIPTION OF PREMISES: (All parts of the premises occupied by the applicant and used in conjunction with the conduct of the business for which application is made must be included in the description of the premises to be licensed; alcohol beverages may be sold and stored only on the premises described.)

<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____	COUNTY
PHYSICAL DESCRIPTION OF BUILDINGS AND AREA IN WHICH ALCOHOL BEVERAGES WILL BE DISPENSED OR STORED	
LEGAL DESCRIPTION (AS FILED WITH REGISTER OF DEEDS) OF ENTIRE PREMISES OWNED OR USED IN CONNECTION WITH CLUB OPERATIONS	
DATE PREMISES DESCRIBED ABOVE WERE FIRST OCCUPIED BY APPLICANT	
ARE PREMISES <input type="checkbox"/> OWNED OR <input type="checkbox"/> LEASED	IF LEASED, GIVE NAME AND ADDRESS OF OWNER
DOES THE CLUB UNDERSTAND THAT A FEDERAL OCCUPATIONAL TAX STAMP MUST BE OBTAINED FOR THE SPECIFIED LICENSE PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHO OWNS BAR FIXTURES?
TOTAL CLUB MEMBERSHIP	ARE CLUB FACILITIES AVAILABLE TO NON-MEMBERS ON A DAILY OR WEEKLY FEE BASIS EXCEPT AS SPECIFICALLY INVITED GUESTS OF DUES-PAYING MEMBERS OF THIS CLUB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.
ANNUAL MEMBERSHIP FEE	
TYPE OF SPORT CLUB IS ENGAGED IN <input type="checkbox"/> GOLF <input type="checkbox"/> TENNIS <input type="checkbox"/> YACHTING <input type="checkbox"/> CURLING <input type="checkbox"/> SKI JUMPING <input type="checkbox"/> OTHER _____	
ARE ALL ALCOHOL BEVERAGES SOLD ON THE PREMISES PURCHASED IN THE NAME OF THE CLUB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN.	ARE ALL DAILY BAR RECEIPTS DEPOSITED TO THE ACCOUNT OF THE CLUB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN.
ARE ALL PERSONS SELLING OR SERVING ALCOHOL BEVERAGES EMPLOYEES OF THE CLUB WHOSE SALARIES ARE PAID FROM CLUB ACCOUNTS BY THE CLUB TREASURER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN.	DOES ANYONE RECEIVE A PERCENTAGE OF THE PROFITS OF THE BAR AS WAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.

DOES THE CLUB LEASE OR ASSIGN THE BAR OPERATION TO ANYONE ELSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.		
HAS THE CLUB MADE APPLICATION TO ITS MUNICIPAL AUTHORITIES FOR A CLASS "B" FERMENTED MALT BEVERAGE LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF APPLICATION	DATE LICENSE GRANTED	DATE LICENSE DENIED
IF THE MUNICIPALITY HAS NOT OR WILL NOT ISSUE A CLASS "B" FERMENTED MALT BEVERAGE LICENSE TO THE CLUB, EXPLAIN.		
DOES THE CLUB HAVE ANY BILLS OF MORE THAN 15 DAYS OUTSTANDING TO ANY BREWER OR BEER WHOLESALER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES THE CLUB HAVE ANY LIQUOR BILL OF MORE THAN 30 DAYS OUTSTANDING TO ANY LIQUOR WHOLESALER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO THE OFFICERS OF THE CLUB UNDERSTAND THAT ANY LICENSE ISSUED TO THE CLUB WILL BE VOID AND SUBJECT TO REVOCATION IF THE CLUB IS INDEBTED IN EXCESS OF 15 DAYS BEYOND THE DATE OF THIS APPLICATION FOR FERMENTED MALT BEVERAGES OR 30 DAYS FOR INTOXICATING LIQUOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		

_____ and _____
 declare under the penalties of law that they are the president and secretary, respectively, of the club named in this application which is organized solely to engage in the specified sport indicated and that they have read each of the questions on the application and that each of the answers is true and complete to the best of their knowledge and belief.

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____ 20 _____

 (Notary Public)

My Commission expires _____

 President/Member of Limited Liability Company

 Secretary/Member of Limited Liability Company

NOTE: The annual fee for a sports club intoxicating liquor permit is \$300. To obtain a fermented malt beverage license contact your local municipality. If none is available through your municipality, you can obtain a fermented malt beverage permit through the Department of Revenue for \$100. All annual licenses expire on June 30.

The fee for a permit for less than 12 months shall be prorated according to the number of months or fraction thereof for which the permit is issued.

Each officer must complete and sign one of the Auxiliary Questionnaires on page 3.

The schedule for appointment of Agent, page 4, must be completed and signed by the agent and by the president/member and secretary/member of the club. The agent must be approved by the proper municipal officials, as indicated on page 4.

The club must notify the department immediately of a change of agent and remit a fee of \$10.

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 club applying for a license to sell fermented malt beverages and/or 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 club, and the appointment must be made by the proper local official.

NAME	ADDRESS	DATE OF BIRTH
NAME OF CLUB		
ARE YOU OF LEGAL DRINKING AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		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
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