Tab to navigate within form. Use mouse to check applicable boxes, press spacebar or press Enter.

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

APPLICATION FOR VESSEL PERMIT

DEPARTMENT USE ONLY

TAX ACCOUNT NUMBER
DATE OF ISSUANCE

DATE	TELEPHONE NUMBER	BUSINESS TAX NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	SOCIAL SECURITY NUMBER
	( )		__ __ – __ __ __ __ __ __ __ OR	__ __ __ – __ __ – __ __ __ __

Under the provisions of Sections 125.27(2) and 125.51(5)(c), application is being made for ☐ Class "B" fermented malt beverage ☐ "Class B" intoxicating liquor to sell alcohol beverages at retail on the following described vessel:

A.

OWNED AND OPERATED BY		NAME OF VESSEL
REGULAR PLACE OF MOORING	PASSENGER CAPACITY	U.S. COAST GUARD CERTIFICATION NUMBER/AMERICAN BUREAU OF SHIPPING CLASS OR VERIFICATION OF LIABILITY INSURANCE

FROM THE DAY OF 20 THROUGH THE DAY OF 20

B.

APPLICANT: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

INDIVIDUAL OR PARTNERSHIP: (IF A PARTNERSHIP, ALL PARTNERS MUST BE LISTED)

NAME	HOME ADDRESS
NAME	HOME ADDRESS
NAME	HOME ADDRESS
NAME OF CORPORATION	STATE AND DATE OF INCORPORATION

IS APPLICANT CORPORATION A SUBSIDIARY OF ANY OTHER CORPORATION?

☐ YES ☐ NO IF YES, INDICATE CORPORATE NAME:

OFFICERS AND DIRECTORS – AN AGENT MUST BE APPOINTED.

PRESIDENT	HOME ADDRESS
VICE PRESIDENT	HOME ADDRESS
SECRETARY	HOME ADDRESS
TREASURER	HOME ADDRESS
AGENT	HOME ADDRESS

C.

MAILING ADDRESS	STATE	ZIP

DESCRIBE AREA WHERE BEER AND/OR LIQUOR WILL BE SERVED AND STORED.

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

DOES THE APPLICANT UNDERSTAND THAT FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS MAY BE SOLD **ONLY** IF THE VESSEL LEAVES ITS PLACE OF MOORING? ☐ YES ☐ NO

IS THE APPLICANT AN EMPLOYE OR AGENT OF, OR ACTING ON BEHALF OF ANYONE EXCEPT THE NAMED APPLICANT? EXPLAIN YES ANSWER IN DETAIL. ☐ YES ☐ NO

(CONTINUED ON REVERSE SIDE)

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C. DOES THE APPLICANT, ANY MEMBER OF THE PARTNERSHIP, OFFICER, DIRECTOR, STOCKHOLDER 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 ALCOHOLIC BEVERAGE LICENSEE, WHOLESALE BEER LICENSEE OR WHOLESALE LIQUOR PERMITTEE OR ANY OFFICER, DIRECTOR, STOCKHOLDER OR SUCH PERMITTEE OR LICENSEE HAVE ANY INTEREST IN THIS LICENSE? ☐ YES ☐ NO

IF YES, IDENTIFY:

NAME	LOCATION	TYPE OF LICENSE

D. **RENEWAL APPLICANTS ONLY:**

DID THE SALE OF FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS ON THE VESSEL ACCOUNT FOR LESS THAN 50% OF THE GROSS RECEIPTS OF ALL THE FOOD AND BEVERAGES SERVED ON THE VESSEL? ☐ YES ☐ NO

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

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 permit(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; designated corporate officers must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____ 20 ____

_____
(Clerk/Notary Public)

My Commission expires _____

_____
(President of Corp./Partner/Individual)

_____
(Secretary of Corp./Partner)

_____
(Additional Partner(s), If Any)

NOTE:

The annual fee for a Class “B” fermented malt beverage permit for a vessel is $100. An annual fee of $300 is provided for a “Class B” intoxicating liquor permit. Checks must be made payable to the Wisconsin Department of Revenue. All annual permits expire on June 30.

A valid “Class B” intoxicating liquor permit could not be issued unless the applicant also applies for a Class “B” fermented malt beverage permit.

The annual liquor permit fee may be prorated if there are 11 months or less remaining in the year.

A permit may be issued at any time for a period of 6 months in any calendar year for which 1/2 of the beer fee and 1/2 of the liquor would be charged. Such 6 month permit may not be renewed in the same calendar year.

Each individual, each member of a partnership and each officer and director of a corporation applying for a permit to sell alcohol beverages must complete a separate “Auxiliary Questionnaire”.

The schedule for “Appointment of Agent” must be completed and signed by the agent and the president and secretary of a corporation. The agent must be recommended by the proper municipal officials.

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

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AUXILIARY QUESTIONNAIRE

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

1. Name _____
   Last First M.I.
2. Title _____
3. Business or occupation for past three years:
   _____
   _____
   _____
4. Date of Birth _____ Place of Birth _____
5. Have you resided in Wisconsin continuously for 90 days prior to the date of this application? ☐ Yes ☐ No
6. 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.)
7. Are you an officer, director, agent or employe of any person 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 _____
   Last First M.I.
2. Title _____
3. Business or occupation for past three years:
   _____
   _____
   _____
4. Date of Birth _____ Place of Birth _____
5. Have you resided in Wisconsin continuously for 90 days prior to the date of this application? ☐ Yes ☐ No
6. 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.)
7. Are you an officer, director, agent or employe of any person 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 _____
   Last First M.I.
2. Title _____
3. Business or occupation for past three years:
   _____
   _____
   _____
4. Date of Birth _____ Place of Birth _____
5. Have you resided in Wisconsin continuously for 90 days prior to the date of this application? ☐ Yes ☐ No
6. 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.)
7. Are you an officer, director, agent or employe of any person 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 _____
   Last First M.I.
2. Title _____
3. Business or occupation for past three years:
   _____
   _____
   _____
4. Date of Birth _____ Place of Birth _____
5. Have you resided in Wisconsin continuously for 90 days prior to the date of this application? ☐ Yes ☐ No
6. 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.)
7. Are you an officer, director, agent or employe of any person 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

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SCHEDULE FOR APPOINTMENT OF AGENT

Each corporation applying for a Class “B” fermented malt beverage and/or “Class B” intoxicating liquor permit under Sections 125.27(2) and 125.51(5)(c) 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 and the recommendation must be made by the proper local official.

NAME	ADDRESS	DATE OF BIRTH
NAME OF CORPORATION	OFFICIAL CAPACITY	
OCCUPATION		
HAVE YOU BEEN A CONTINUOUS RESIDENT OF WISCONSIN FOR AT LEAST 90 DAYS PRIOR TO THE DATE OF APPOINTMENT AS AGENT? ☐ YES ☐ NO		
HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF FEDERAL LAW? ☐ YES ☐ NO STATE LAW? ☐ YES ☐ NO LOCAL ORDINANCE? ☐ YES ☐ 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 SIGN HERE	SIGNATURE	DATE
SECRETARY 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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