

Alcohol Beverage Warehouse Permit Application

Fees	
BTR Fee	\$
Permit Fee	\$ 200.00
Background Check Fees	\$
Total Fees	\$

For DAB Use Only	
Permit #	Date Received

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietorship)			
2. Business Trade Name or DBA		3. FEIN	
4. Premises Address			
5. City		6. State	7. Zip Code
8. County	9. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		10. Wisconsin Production or Wholesale Permit #
11. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are stored and related records are kept. Describe all rooms within the building that will be part of the permitted premises. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
12. Do you rent or own the premises? <input type="checkbox"/> Rent <input type="checkbox"/> Own	13. Landlord Name (if renting)	14. Landlord Phone	15. Landlord Email
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code

Part B: Criminal History	
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the nature of violation. Attach additional sheets if necessary.	
Law/Ordinance Violated	Location
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Excluding traffic offenses unless related to alcohol beverages, are any charges for any offense pending against the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the nature and status of pending charges in the space below. Attach additional sheets if necessary.	

Part C: Persons Affiliated With Business

1. List the name, title and ownership percentage below for each individual or entity holding the following positions in the applicant business listed in Part A. Attach additional sheets if necessary.

- Sole proprietor: individual's name and agent
- Partnership: all partners and agent
- Corporation and nonprofit organization: all officers, directors, and agent
- Limited liability company: all members, managers, and agent

* Form AB-300, *Personal Questionnaire*, must be submitted with this application for each individual or business listed with any of the above roles.

* Form AB-101, *Appointment of Agent*, must be submitted with this application if the applicant business is a corporation or limited liability company.

Last Name or Entity Name	First Name	Title

Part D: Other Questions

1. What is the square footage of the premises described in Part A above? _____ Sq. Ft.
2. Does the applicant share space in the warehouse with other business entities? Yes No
3. Will the applicant invoice from or make sales of alcohol beverages from the warehouse premise? Yes No

Part E: Contact Person

Enter the person's information below for whom the division should contact with questions about this application.

1. Last Name	2. First Name	3. Relation to Applicant (owner, employee, legal counsel, etc.)
4. Email		5. Phone

Enter the information for the general contact who will be knowledgeable about the day-to-day activities of the premises (if different than above)

6. Last Name	7. First Name	8. Relation to Applicant (owner, employee, legal counsel, etc.)
9. Email		10. Phone

Part F: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one 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 permit. Further, I agree that the rights and responsibilities conferred by the permit(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 the primary source of supply or Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this permit. I understand that any permit issued contrary to Wis. Stats. 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.

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

Form AB-306 Instructions

Alcohol Beverage Warehouse Permit Application

Who needs this permit?

A Wisconsin fermented malt beverage wholesaler must have an alcohol beverage warehouse permit at each wholesale permitted location.

Any Wisconsin wholesaler or alcohol beverage producer storing alcohol beverages away from their permitted premises must hold an alcohol beverage warehouse permit for that storage location.

Fee calculation

- The Business Tax Registration fee of \$20 is owed if the applicant has never registered with the Department of Revenue (DOR). No fee is due if the applicant is currently registered.
- The permit fee for this alcohol beverage permit is \$200 for a 2-year period.
 - If this 2-year cycle has already started due to an existing permit, a portion of the fee above may be prorated and refunded.
- The background check fee is \$7 for each sole proprietor, partner, officer, director, member, manager, and agent.
 - This fee is non-refundable.
 - If submitting multiple alcohol beverage permit applications, pay this fee only once per person.
- Submit all applicable fees above with the permit application documents.

SPECIFIC INSTRUCTIONS

Part A: Business Information

- Question 1: List the legal name of the business seeking permitting. This should be the business that will take the actions allowed by the permit.
- Question 2: (Optional)
- Question 3: List the social security number if applicant is an individual person and does not have a FEIN.
- Question 4 - 9: List the street address for the location where the applicant wants the permit to be issued. P.O. boxes are not acceptable.
- Question 10: List the 15 digit Wisconsin tax account/permit number for the applicant's wholesale or production permit.
- Question 11: Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Example: The premises is located at 1234 Main St., Realtown, WI, 12345, and includes only the warehouse, packaging line, and office of the 10,000 square foot building.
- Questions 12 - 15: Complete these fields if the applicant rents the premises from another property owner.
- Questions 16-19: (Optional) If mail should be delivered to an address other than the premises address, list that address here. P.O. boxes are acceptable.

Part B: Criminal History Questions

- Charges and convictions, including felony convictions, are not automatic disqualifiers to alcohol beverage permitting. Provide as much information as possible about any conviction or charge listed.

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 alcohol beverage license and permits 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 permit.

Part C: Persons Affiliated With Business

- Question 1: Examples for title field include sole proprietor, partner, president, CEO, LLC member, etc.

Part D: Other Questions

- Question 2: Physical separation between other parties within the warehouse is required.
- Question 3: Only permitted wholesalers holding a wholesaler permit for the warehouse location may make sales and invoice from the warehouse premises.

Part E: Contact Person

- Provide contact information for the person the division should contact with questions on this permit application. This could be an owner, employee, attorney, or other representative.

Part F: Attestation

- Read the attestation carefully, then sign and date.

Additional Forms and Documents

Submit the following forms or documents with this permit application.

- Form AB-300, *Individual Questionnaire*
- Form AB-301, *Appointment of Agent*
- [Form A-222](#), *Power of Attorney*, if the applicant is appointing a power of attorney
- The applicant's federal permit from the U.S. Dept of Treasury TTB

Submission

Mail this form, along with all required forms, documents, and payments to the address below:

Wisconsin Department of Revenue
Division of Alcohol Beverages
P.O. Box 8934
Madison, WI 53708-8934

Assistance

This form is designed by the Division of Alcohol Beverages. If you require assistance with this form, or if you have questions about alcohol beverage laws and regulations, you may contact the Division of Alcohol Beverages using the contact information below:

Website: [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

Write: DORAlcoholPermits@wisconsin.gov

Call: (608) 266-2526