

# Liquor Wholesaler Permit Application

Fees	
BTR Fee	\$
Permit Fee	\$ 1,000
Background Check Fees	\$
<b>Total Fees</b>	<b>\$</b>

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. State of Organization	5. Date of Organization	6. Wisconsin DFI Registration Number (if applicable)	7. Business Activity (NAICS) Code
8. Business Type ( <i>check one</i> ) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
9. If Limited Liability Company, federal income taxes will be filed as a: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Single member/disregarded entity			
10. Federal Permit Type (Attach Copy)		11. Federal Permit Number	
12. Premises Address			
13. City		14. State	15. Zip Code
16. County	17. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		18. Premises Phone
19. Premises Email		20. Website	
21. Premises Description - 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, 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.			
22. Do you rent or own the premises? <input type="checkbox"/> Rent <input type="checkbox"/> Own	23. Landlord Name (if renting)	24. Landlord Phone	25. Landlord Email
26. Mailing Address (if different from premises address)			
27. City		28. State	29. 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	Trial Date	
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date	
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? .....  Yes  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. Is the applicant business owned by another business entity? .....  Yes  No  
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets if necessary.

Legal Name of Business Entity	Business Entity FEIN

2. Does the applicant business or do any of its officers, directors, members, agent, employees, owners, or other related individuals or entities have any interest in a Wisconsin-permitted or licensed alcohol beverage wholesaler or retailer? .....  Yes  No  
 If yes, provide the name of the individual or entity and describe the nature of the interest.

3. 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, including individuals holding these roles for entities listed in Part C, Question 1. Any restricted investor listed in question 2 must also complete AB-300.

\* Also list below any private stockholders, shareholders, or other owners not otherwise listed.

\* 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	Ownership Percentage (must total 100%)



4. List the legal names and addresses of at least 10 independent retailers/wholesalers that the applicant intends to sell intoxicating liquor to. Attach additional sheets if necessary.

Legal Name	Business Name (DBA)	Permitted Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part F: Security Calculation and Payment Method**

1. Will this business be the "importer of record" with U.S. Customs and Border Protection (CBP) of alcohol beverages received from outside the United States? .....  Yes  No  
 If no, skip the remainder of Part F as the applicant is not required to post security.

2. Permit applicants must post security to qualify for this permit. How will the applicant satisfy this requirement? .....  Surety Bond  Check  Cash

3. Will security be satisfied with a new bond or payment included with this application or an existing bond or payment already held by the Division of Alcohol Beverages? .....  New  Existing

4. Estimated Monthly Tax Liability (see instructions)	5. Security Amount	6. New or Existing Bond Number (if applicable)
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**Note:** The amount of security must be twice the applicant's estimated monthly tax liability, but not less than \$1,000 nor more than \$100,000. If new surety bond selected above, attach Form A-133 with the applicant's original wet signature.

**Part G: 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 H: 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-311 Instructions

## Liquor Wholesaler Permit Application

### Who needs this permit?

Any person purchasing intoxicating liquor from wineries or manufacturers for resale to retailers must hold an intoxicating liquor wholesaler permit. See [Fact Sheet 3102](#) for information on this permit.

### 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 \$1,000 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: List the state where the applicant is legally organized.
- Question 6: List the [Wisconsin Department of Financial Institutions](#) ID Number if the applicant is registered with DFI.
- Question 7: See this link for a [Business Activity Code](#) lookup.
- Question 10-11: List the type of permit held through the Alcohol Tobacco Tax and Trade Bureau.
- Question 12 - 17: List the street address for the location where the applicant wants the permit to be issued. P.O. boxes are not acceptable.
- Question 18 – 20: List the contact information DOR should use to contact this specific location, rather than a corporate contact.
- Question 21: 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 23 - 25: Complete these fields if the applicant rents the premises from another property owner.
- Questions 26-29: (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: Describe if the applicant entity is owned, in whole or in part, by another entity that is not an individual person, such as an LLC or corporation. Attach an ownership tree if there are multiple ownership layers to describe.
- Question 2: Other related individuals or entities include manager and supervisors who are involved in day-to-day operations of the business.
- Question 3: Examples for Title description include sole proprietor, partner, president, CEO, LLC member, etc.

### Part D: Interest Restriction Questions

- Question 1: Indicate if the applicant has any producer permit (brewery, winery, manufacturer, etc.) or retail license (bars, convenience stores, grocery stores)
- Question 4: See DAB's website for additional forms, including AB-104a or AB-104b.

### Part E: Other Questions

- Question 1: Wholesaler warehouse premises must be at least 1,000 square feet.
  - An applicant may request a waiver of this requirement.
- Question 2: Each Wisconsin location where the wholesaler will store fermented malt beverages must be covered by a warehouse permit.
- Question 3: Alcohol beverages may only be purchased from the primary source of supply or another permitted Wisconsin wholesaler.
- Question 4: Each retailer listed must be independent from any other listed retailers. Retailers with common ownership will not be counted as independent from one another.

### Part F: Security Calculation and Payment Method

- Question 1: Only wholesalers who will be the 'importer of record' with U.S. Customs and Border Protection (CBP) of alcohol beverages received from outside the United States owe excise tax and must complete this section.
- Question 2: Choose 1 of the 3 methods listed to satisfy this requirement.
- Question 3: If the applicant already has an alcohol beverage permit of the same tax type as this application (fermented malt beverages vs. intoxicating liquor) that security could be used to satisfy the security requirement of this application. If the applicant does not already have security posted with the division, new security is needed.
- Question 4: Estimate the applicant's monthly tax liability by estimating taxable volume and multiplying it by the applicable tax rate(s) below:

Alcohol Beverage Tax Type	Tax Rate per liter	Administrative fee per liter
Intoxicating Liquor	85.86¢	2.906¢
Wine ≤ 14% ABV	6.605¢	
Wine > 14% ABV ≤ 21 %	11.89¢	
Cider ≤ 7% ABV	1.71¢	

- Question 4: The amount of security must be twice the applicant's estimated monthly tax liability, but not less than \$1,000 nor more than \$100,000.  
**Example:** If the estimated monthly tax liability is \$200, enter \$1,000 because twice the estimated monthly liability is less than the minimum of \$1,000 ( $\$200 \times 2 = \$400 < \$1,000$ ).
- Question 5: If surety bond is selected in question 1, list the bond number provided by the insurance carrier.

### Part G: 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 H: 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-133](#), *Surety Bond*, if supplying a bond
- [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](mailto:DORAlcoholPermits@wisconsin.gov)

**Call:** (608) 266-2526