Form AB-320

Brewpub Permit Application

Fees					
BTR Fee	\$				
Permit Fee	\$	1,000			
Background Check Fees	\$				
Total Fees	\$				

For DAB Use Only						
Permit #	Date Received					

Part A: Business Information								
Legal Business Name (individual name if sole proprietorship)								
2. Business Trade Name or DBA								
3. FEIN				4. Wisco	onsin Seller's Permit Number			
5. State of Organization 6. Date of Organization	State of Organization 6. Date of Organization 7. Wisconsin DFI Registration Number (if applicable) 8. Business Activity (NAICS) Cod							
9. Business Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization								
10. If Limited Liability Company, federal income taxes	will be filed as a: Partners	ship [Corpo	oration	Single member/disregarded entity			
11. Federal Permit Type (Attach Copy)		12. Fed	deral Peri	leral Permit Number				
13. Premises Address								
14. City				15. State	16. Zip Code			
17. County	18. Governing Municipality: of:	City [Town	☐ Villag	19. Premises Phone			
20. Premises Email	21. Web	site			_			
22. Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed 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.								
23. Do you rent or own the premises? Rent (if rent, complete 23-25) Own	Landlord Name	25. La	andlord P	hone	26. Landlord Email			
27. Mailing Address (if different from premises addres	s)			·				
28. City				29. State	30. Zip Code			
Part B: Criminal History			'					
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. Yes No If yes, describe the nature of violation. Attach additional sheets if necessary.								
Law/Ordinance Violated	Location				Trial Date			
Penalty Imposed		V	Vas sente	ence comp	oleted? Yes No			
Law/Ordinance Violated	Location				Trial Date			
Penalty Imposed	'	V	Vas sente	ence comp	oleted? Yes No			

2. Are charges for any offense pending against the business? Excluding traffic offenses unless related to alcohol beverages							
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	•						
		ners below. Attach additional or ov					
Legal Name of Bus	siness Entity	Business En	tity FEIN				
	ities have any interest in a Wis	rectors, members, agent, employe consin-permitted or licensed alcoh pub premises)?	ol beverage				
If yes, provide the name of the inc		,	Yes No				
in yee, provide the name of the int	arriadar er erinty arra decembe a	io natare or the interest.					
List the name, title and ownershi business listed in Part A. Attach a		dividual or entity holding the follow	wing positions in the applicant				
- Sole proprietor: individual's nam	ne						
 - Partnership: all partners - Corporation and nonprofit organization: all officers, directors, and agent* - Limited liability company: all members, managers, and agent* 							
Form AB-300, <i>Personal Questionnaire</i> and a \$7 background check fee, must be submitted with this application for each individual 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 any stockholders, shareho	•	rwise listed					
*Form AB-101, <i>Appointment of Age</i> liability company.	ent, must be submitted with this	application if the applicant busin	ess is a corporation or limited				
Last Name or Entity Name	First Name	Title	Ownership Percentage (must total 100%)				

Part D: Interest Restriction	ns					
Disregard any alcohol beverage	retail licenses he	eld at brewpu	ub premises for questions i	n Part D.		
1. Does the applicant hold an a	lcohol beverage o	distributor pe	rmit or retail license?		Yes N	lo
2. Does the applicant serve as permittee or retail licensee?						О
3. Does the applicant hold an olicensee?	ownership interes	st of 10% in a	an alcohol beverage distrib	outor permittee or	retail Yes N	О
4. Does the applicant hold an ownership interest of 10% or less in an alcohol beverage distributor permittee or retail licensee? If yes, fill out Form AB-104a or AB-104b, <i>Restricted Investor Affidavit</i> , and attach this application						
5. Does the applicant hold any Describe the nature of the ir				ee or retail licens	ee? Yes N	0
Part E: Other Questions						
Is the applicant a holder or collicense on the brewpub premark.						О
2. Will the applicant and the applicant's brewpub group manufacture 20,000 or fewer barrels of fermented malt beverages in a calendar year?						
3. Will the applicant offer for sa	le fermented mal	t beverages	brewed by other brewers of	r brewpubs?	Yes N	О
Provide the information requestions sheets if needed.	ested below for an	y active or fu	ture production agreement	s the applicant has	agreed to. Attach addition	al
Legal Name of Other Party	WI Permit N	Number	Production Address		Agreement Type (Alt Prop, Contract, Licensing)	
Part F: Security Calculation and Payment Method						
1. Permit applicants must post security to qualify for this permit. How will the applicant satisfy this requirement?					h	
2. 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?						
3. Estimated Monthly Tax Liability (see instructions) 4. Security Amount 5. New or Exist			5. New or Existing	g Bond Number (if applicable)		
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.						
L					Wisconsin Department of Reve	

Part G: Contact Person							
Enter the person's information below	for whom the division s	should contact wi	ith questions about this	appl	ication.		
1. Last Name	2. First Name		3. Relation to Applicant (owner, employee, legal counsel, e				
4. Email			5. Phone				
Enter the information for the general ((if different than above)	contact who will be kno	owledgeable abo	ut the day-to-day activi	ities c	of the premise	s	
6. Last Name	7. First Name		8. Relation to Applicant (o	wner,	employee, legal	counsel, etc.)	
9. Email			10. Phone				
Part H: Attestation							
One of the following must sign and at	test to this application:						
• sole proprietor • one gen	eral partner of a partne	ership • one	e corporate officer	• or	ne 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. 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	1				Date		

Form AB-320 Instructions

Brewpub Permit Application

Who needs this permit?

Any person, other than a brewer, who manufactures, bottles, or packages fermented malt beverages in Wisconsin needs a brewpub permit. This permit also authorizes selling, shipping, transporting, and delivering, fermented malt beverages in original unopened packages or containers, to wholesalers. See <u>Fact Sheet 3112</u> on brewpub permits 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 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 entity seeking the permit. This should be the entity 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.
- Question 4: (if applicable) an applicant who does not make retail sales of alcohol beverages is not required to hold a seller's permit.
- Question 5: List the state where the applicant is legally organized.
- Question 7: List the Wisconsin Department of Financial Institutions ID Number if the applicant is registered with DFI.
- Question 8: See this link for a <u>Business Activity Code</u> lookup.
- Question 11-12: List the type of permit held through the Alcohol Tobacco Tax and Trade Bureau of the IRS.
- Question 13-18: List the street address for the location where the applicant wants the permit to be issued. P.O. boxes
 are not acceptable.
- Question 19-21: List the contact information DOR should use to contact this specific location, rather than a corporate contact.
- Question 22: Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored,
 or consumed 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 3-barrel production facility, canning line, first-floor tasting room, dining room, kitchen, north storage room, and south office of the 10,000 square foot building.

- Questions 24-26: Complete these fields if the applicant rents the premises from another property owner.
- Questions 27-30: (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 <u>Permit Predetermination Common Questions</u> 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 entities include managers and supervisors who are involved in day-to-day operations of the business.
- Question 3: Examples for title field include sole proprietor, partner, president, CEO, LLC member, etc.

Part D: Interest Restriction Questions

- Question 1: Indicate if the applicant has any distributor permit (wholesaler permits issued by DAB) 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: A Class "B" beer license is needed to qualify for a brewpub permit.
- Question 3: Brewpub permits may be issued to other legal entities while still being in the same brewpub group.
- · Question 4: Provide information on any production agreements that are currently active or will be executed in the future.
 - List the legal name and WI permit number for the other party in the applicant's agreement. Out-of-state parties may not have a WI permit number.
 - Provide the physical address where the alcohol beverages produced under this agreement will be made. This may be more than one location

Part F: Security Calculation and Payment Method

- Question 1: All applicants for this permit type must post security in order to qualify. Choose 1 of the 3 methods listed to satisfy this requirement.
- Question 2: 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 3: Estimate the applicant's monthly tax liability by estimating taxable volume and multiplying it by the applicable tax rate(s) below:

There is a \$2.00 occupational tax on every 31-gallon barrel. [sec. 139.02(1), Wis. Stats.]

Eligible producer tax credit - Brewers who produces less than 300,000 barrels of fermented malt beverage per year, are eligible for a tax credit of \$1.00 on every barrel for the first 50,000 barrels subject to Wisconsin fermented malt beverage tax [sec.139.02(2), Wis. Stats.]. To determine a brewer's total production, combine all the brands and labels from all production facilities regardless of where the facilities are located.

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, Personal Questionnaire
- Form AB-101, 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. Department 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 PO Box 8934 Madison WI 53708-8934

Applications may be shipped expedited/overnighted to the following physical address:

Wisconsin Department of Revenue Division of Alcohol Beverages 2135 Rimrock Rd Madison WI 53708 MS 5-DAB

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)
Write: DORAlcoholPermits@wisconsin.gov

Call: (608) 266-2526