Form AB-330

Liquor Salespersons Permit Application

Fees							
BTR Fee	\$						
Permit Fee	\$	200					
Background Check Fees	\$						
Total Fees	\$						

For DAB Use Only				
Permit #	Date Received			

Part A: Individual Info	rmation						·				
1. Last Name			2. First Name	3. M.I. 4. Social Security Number							
1. Last Name			Z. I list Name	J. IVI.I.	T. Godai Geounty Number						
5. Address											
6. City					7. State	8. Zip	Code				
9. Date of Birth	10. Phone		11. Email								
Part B: Criminal History											
1. Has the applicant been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages											
Law/Ordinance Violated Lo			ocation			Trial Date					
Penalty Imposed				Was sentence complete			Yes	☐ No			
Law/Ordinance Violated	aw/Ordinance Violated Location			-	Trial Date						
Penalty Imposed	d Was sentence completed				eted?	Yes	☐ No				
2. Are charges for any offense pending against the applicant? Exclude traffic offenses unless related to alcohol beverages											
3. List the applicant's business or occupation, if any, for the past 3 years.											
Part C: Employer Business Information											
Name of Wisconsin Permittee Applicant Will Represent			2. Wisconsin Permit Numb			r					
3. Address				1							
4. City					5. State	6. Z	ip Code				
Part D: Attestation											
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 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 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.											
Signature							Date				

Form AB-330 Instructions

Liquor Salespersons Permit Application

Who needs this permit?

Any person who solicits orders or engages in the sale of liquor or wine on behalf of an alcohol beverage producer or wholesaler needs a salesperson's permit. See <u>Fact Sheet 3112</u> 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 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 may be prorated and refunded.
- The background check fee is \$7 for each applicant.
 - 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: Individual Information

Provide the requested information for the person applying for the salesperson's permit.

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: Employer Business Information

• Provide information for the applicant's employer. If the applicant is a salesperson for more than one legal entity, then a separate permit application is needed for each employer.

Part D: Attestation

Read the attestation carefully, then sign and date.

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:

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Website: DOR Alcohol Beverage (wi.gov)
Write: DORAlcoholPermits@wisconsin.gov

Call: (608) 266-2526