

Fulfillment House Permit Application

Fees	
BTR Fee	\$
Permit Fee	\$ 200
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. 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. Premises Address			
11. City		12. State	13. Zip Code
14. County		15. Website	
16. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages shipping services are performed, such as logistics, warehousing, packaging, or order fulfillment and where related records are kept. Describe all rooms within the building that will be part of the permitted premises, including any living quarters where the above activities will occur. 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.			
17. Mailing Address (if different from premises address)			
18. City		19. State	20. Zip Code

Part B: Criminal History Questions		
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. List the name, title and phone number 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-100, *Individual Questionnaire*, and a \$7 background check fee must be submitted with this application for each individual listed below.

* 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	Phone

Part D: Other Permit Questions

1. Will the applicant business ship alcohol beverages from any address other than the premises address identified in Part A? Yes No

If yes, list those addresses below and complete a separate Form AB-351 for each location.

Address	City	State	Zip Code

2. Fulfillment House permit holders may only ship wine into Wisconsin through permitted Common Carrier permit holders. List the name(s) and permit number(s) of any common carriers this applicant may use to ship alcohol beverages into Wisconsin.

Permit Number	Common Carrier Name	Common Carrier Address

Note: a fulfillment house permit holder must ensure all containers of wine shipped directly to an individual in Wisconsin are labeled with all of the following:

- The following words, appearing in capital letters and in a conspicuous location: "CONTAINS ALCOHOL: SIGNATURE OF PERSON AGE 21 OR OLDER REQUIRED FOR DELIVERY."
- The name, address, and permit number of the fulfillment house permittee and the name, address, and permit number of the direct wine shipper.

Include a sample of the label described above with this permit application.

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, fulfilling orders destined for Wisconsin consumers using only direct wine shippers and common carriers that hold a permit from the Division of Alcohol Beverages. 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-351 Instructions

Fulfillment House Permit Application

Who needs this permit?

Any person providing warehousing, packaging, order fulfillment, and shipping services on behalf of a permitted direct wine shipper needs a fulfillment house permit. See [Fact Sheet 3120](#) 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 \$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: 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 - 14: List the street address for the location where the applicant wants the permit to be issued. P.O. boxes are not acceptable.
- Question 15: If the applicant has a website for this location, list the URL here.
- Question 16: 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 warehouse, packaging line, and office of the 10,000 square foot building.
- Questions 17 - 20: (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. Attached an ownership tree if there are multiple ownership layers to describe.

- Question 2: Examples for Title description include sole proprietor, partner, president, CEO, LLC member, etc.

Part D: Other Questions

- Question 1: Each location providing fulfillment house services must hold its own fulfillment house permit.
- Question 2: The permit number field may be omitted if common carrier is in the process of applying for that permit.
- The division will review the sample label submitted to verify it conforms to the requirements for shipping into WI.

Part E: Contact Person

- If any of the contact persons listed are not an authorized agent, submit Form A-222, *Power of Attorney*.

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, 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 sample label requested in Part D

Permit Renewal

Alcohol beverage permits are renewable every two years. Resubmission of this form is not required to renew a permit. The division will send the Business Tax Registration (BTR) certificate renewal notice when an alcohol beverage permit and BTR certificate approaches the expiration date. Expiration dates may vary from one permit holder to another.

Submitting Tax Returns or Reports

This permit has a monthly filing requirement. Permit holders must submit electronic reports as required by the division. For further instructions, see the [alcohol beverage shipment report transmission page](#).

Reporting Changes

Submit any changes to information previously submitted with this application form by sending an email to the address listed below within 30 days of the changed fact. The division will advise if additional forms or information are needed based on the information changed.

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 \(wi.gov\)](#)
Write: DORAlcoholPermits@wisconsin.gov
Call: (608) 266-2526