Excise Tax Unit
Wisconsin Department of Revenue
PO Box 8900
Madison, WI 53708-8900
(608) 266-6701
Fax (608) 261-7049

DEPARTMENT USE ONLY

TAX ACCOUNT NUMBER
DATE OF ISSUANCE

AT-105: APPLICATION FOR AIRPORT/PUBLIC FACILITY PERMIT

DATE	TELEPHONE NUMBER	SELLER'S PERMIT NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	SOCIAL SECURITY NUMBER (If you do not have a FEIN number)
	( )		__ __ – __ __ __ __ __ __ __ OR	__ __ __ – __ __ – __ __ __ __

SECTION 1 – To be completed by Chairperson and Clerk of Municipality or County

Under the provisions of secs. 125.51(5)(b), Wis. Stats. and a resolution passed by the governing body of (municipality) _____ or (county)_____ (a copy of which is attached), application is being made for a "Class B" intoxicating liquor permit for use on the following described premises which is:

A.

OWNED AND OPERATED BY	KNOWN AS		
ADDRESS OF PREMISES	LOCATED IN THE: (CHECK ONE) ☐ TOWN ☐ VILLAGE ☐ CITY OF		
MAILING ADDRESS	CITY	STATE	ZIP

FROM THE DAY OF 20 THROUGH THE DAY OF 20

B. **APPLICANT:** ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY (LLC)

INDIVIDUAL OR PARTNERSHIP: (IF A PARTNERSHIP, ALL PARTNERS MUST BE LISTED)

NAME	SS#	HOME ADDRESS
NAME	SS#	HOME ADDRESS
NAME	SS#	HOME ADDRESS

NAME OF CORPORATION/LIMITED LIABILITY COMPANY	STATE AND DATE OF INCORPORATION/REGISTRATION

IS APPLICANT CORPORATION A SUBSIDIARY OF ANY OTHER CORPORATION OR LIMITED LIABILITY COMPANY?

☐ YES ☐ NO IF YES, INDICATE CORPORATE NAME OR NAME OF LIMITED LIABILITY COMPANY:

OFFICERS AND DIRECTORS – AN AGENT MUST BE APPOINTED.

PRESIDENT/MEMBER	SS#	HOME ADDRESS
VICE PRESIDENT/MEMBER	SS#	HOME ADDRESS
SECRETARY/MEMBER	SS#	HOME ADDRESS
TREASURER/MEMBER	SS#	HOME ADDRESS
AGENT	SS#	HOME ADDRESS

DESCRIBE THE ROOM(S) OR AREA TO BE LICENSED FOR THE SALE AND STORAGE OF INTOXICATING LIQUORS.

THE FEE IN THE AMOUNT OF $600 IS PAYABLE EVERY 2 YEARS TO THE WISCONSIN DEPARTMENT OF REVENUE. ALSO INCLUDE $20 BTR FEE (IF APPLICABLE).

DECLARATION

_____, Chairperson of the governing body of _____ and _____, Clerk of said body, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

CHAIRPERSON	CLERK	DATE

(CONTINUED ON REVERSE SIDE)

SECTION 2 – To be completed by Concessionaire

NAME OWNER OF BAR FIXTURES AND STATE TERMS OF LEASE OR RENTAL.

DOES THE APPLICANT UNDERSTAND A FEDERAL OCCUPATIONAL TAX STAMP MUST BE OBTAINED FOR THE SPECIFIED PERIOD? ☐ YES ☐ NO

IS THE APPLICANT AN EMPLOYEE OR AGENT OF, OR ACTING ON BEHALF OF ANYONE EXCEPT THE NAMED APPLICANT? ☐ YES ☐ NO

EXPLAIN YES ANSWER IN DETAIL.

DOES THE APPLICANT, ANY MEMBER OF THE PARTNERSHIP, OFFICER, DIRECTOR, STOCKHOLDER, MEMBER, OR AGENT HOLD ANY INTEREST IN ANY OTHER RETAIL BEER AND/OR LIQUOR LICENSE OR WHOLESALE BEER LICENSE OR LIQUOR PERMIT IN WISCONSIN? ☐ YES ☐ NO

IF YES, IDENTIFY:

NAME	LOCATION	TYPE OF LICENSE

DOES ANY RETAIL ALCOHOL BEVERAGE LICENSEE, WHOLESALE BEER LICENSEE OR WHOLESALE LIQUOR PERMITTEE OR ANY OFFICER, DIRECTOR, STOCKHOLDER, MEMBER, OR SUCH PERMITTEE OR LICENSEE HAVE ANY INTEREST IN THIS LICENSE? ☐ YES ☐ NO

IF YES, IDENTIFY:

NAME	LOCATION	TYPE OF LICENSE

DOES THE APPLICANT UNDERSTAND THAT ANY PERMIT ISSUED WILL BE VOID AND SUBJECT TO REVOCATION IF INDEBTED IN EXCESS OF 15 DAYS FOR FERMENTED MALT BEVERAGES OR 30 DAYS FOR INTOXICATING LIQUORS? ☐ YES ☐ NO

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____ 20 ____

_____
(Clerk/Notary Public)

My Commission expires _____

_____
(President of Corp./Partner/Individual/Member of Limited Liability Company)

_____
(Secretary of Corp./Partner/Member of Limited Liability Company)

_____
(Additional Partner(s)/Members, If Any)

SECTION 3 – Approval by Law Officer

I, _____, chief law enforcement officer of

_____, have searched the records maintained
(Municipality in which the airport or public facility is located)

by my department and have contacted the Wisconsin Crime Information Bureau. I know of no reason a retail "Class B" intoxicating liquor permit should not be issued to _____ to operate at the
(Name of person to be licensed)

_____.
(Name of airport or public facility)

_____
(Signature of Officer)

_____
(Title of Officer)

AT-105: AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title

Date of Birth	Place of Birth	Business or Occupation for Past Three Years

☐ YES ☐ NO Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If YES, check type violated ➔ ☐ Federal ☐ State ☐ Municipal Ordinance
(Attach explanation of any Yes answer.)

☐ YES ☐ NO Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

_____

_____

_____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶		Date

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(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

_____

_____

_____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶		Date

SCHEDULE FOR APPOINTMENT OF AGENT

Each corporation or Limited Liability Company applying for a permit to sell intoxicating liquor must appoint an agent pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, the appointment must be signed by the president and secretary of the corporation or members of Limited Liability Company, and the appointment must be made by the proper local official.

NAME	ADDRESS	DATE OF BIRTH
NAME OF CORPORATION/LIMITED LIABILITY COMPANY		
OCCUPATION		
HAVE YOU BEEN A CONTINUOUS RESIDENT OF WISCONSIN FOR AT LEAST 90 DAYS PRIOR TO THE DATE OF APPOINTMENT AS AGENT? ☐ YES ☐ NO		
HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF FEDERAL LAW? ☐ YES ☐ NO STATE LAW? ☐ YES ☐ NO LOCAL ORDINANCE? ☐ YES ☐ NO EXPLAIN FULLY ANY QUESTION ANSWERED YES.		
I DECLARE UNDER THE PENALTIES OF LAW THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE.		
AGENT SIGN HERE	SIGNATURE	DATE

APPOINTMENT OF AGENT

_____ APPOINTS _____

AS AGENT IN ACCORDANCE WITH SEC. 125.04(6), WIS. STATS., SUBJECT TO THE APPROVAL OF THE DEPARTMENT OF REVENUE.

PRESIDENT/MEMBER SIGN HERE	SIGNATURE	DATE
SECRETARY/MEMBER SIGN HERE	SIGNATURE	DATE

ACCEPTANCE BY AGENT

I HEREBY ACCEPT APPOINTMENT AS AGENT FOR _____ AND ASSUME FULL RESPONSIBILITY FOR THE CONDUCT OF THE BUSINESS RELATIVE TO FERMENTED MALT BEVERAGES AND INTOXICATING LIQUOR.

AGENT SIGN HERE	SIGNATURE	DATE

APPROVAL OF AGENT

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY PER SEC. 125.04(6)(a), WIS. STATS.

THE APPOINTMENT ABOVE IS HEREWITH APPROVED.

_____ WI, _____ 20 ____

_____
(SIGNATURE OF OFFICIAL)

_____
TITLE