

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 ____ - ____ - _____
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**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:

<b>A.</b> OWNED AND OPERATED BY	KNOWN AS		
ADDRESS OF PREMISES	LOCATED IN THE: (CHECK ONE)		
MAILING ADDRESS	<input type="checkbox"/> TOWN	<input type="checkbox"/> VILLAGE	<input type="checkbox"/> CITY OF
	CITY	STATE	ZIP
FROM THE	DAY OF	20	THROUGH THE DAY OF 20

<b>B. APPLICANT:</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)
<b>INDIVIDUAL OR PARTNERSHIP:</b> (IF A PARTNERSHIP, ALL PARTNERS MUST BE LISTED)
NAME SS# HOME ADDRESS
NAME SS# HOME ADDRESS
NAME SS# HOME ADDRESS
<b>NAME OF CORPORATION/LIMITED LIABILITY COMPANY</b> STATE AND DATE OF INCORPORATION/REGISTRATION
IS APPLICANT CORPORATION A SUBSIDIARY OF ANY OTHER CORPORATION OR LIMITED LIABILITY COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE CORPORATE NAME OR NAME OF LIMITED LIABILITY COMPANY:
<b>OFFICERS AND DIRECTORS – AN AGENT MUST BE APPOINTED.</b>
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.
<b>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).</b>

**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
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**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 \_\_\_\_\_ (Name of person to be licensed) to operate at the \_\_\_\_\_ (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.)

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*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 \_\_\_\_\_

AT-105 (R. 5-14)

Wisconsin Department of Revenue

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## 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF FEDERAL LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO    STATE LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LOCAL ORDINANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO    EXPLAIN FULLY ANY QUESTION ANSWERED YES.		
I DECLARE UNDER THE PENALTIES OF LAW THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE.		
<b>AGENT SIGN HERE</b>	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.		
<b>PRESIDENT/MEMBER SIGN HERE</b>	SIGNATURE	DATE
<b>SECRETARY/MEMBER SIGN HERE</b>	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.		
<b>AGENT SIGN HERE</b>	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
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