

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } _____
 Village of } _____
 City of }

County of _____ Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name _____ Business Phone Number _____
 2. Address of Premises _____ Post Office & Zip Code _____

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No **If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Signature	Phone Number	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of _____ County of _____ City

The undersigned duly authorized officer(s)/members/managers of _____ (registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as _____ (trade name)

located at _____

appoints _____ (name of appointed agent)

_____ (home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _____

Place of residence last year _____

For: _____ (name of corporation/organization/limited liability company)

By: _____ (signature of Officer/Member/Manager)

And: _____ (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, _____ (print/type agent's name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

_____ (signature of agent) _____ (date) Agent's age _____

_____ (home address of agent) Date of birth _____

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ (date) by _____ (signature of proper local official) Title _____ (town chair, village president, police chief)

**Addendum to Question C. 4
Renewal Alcohol Beverage License Application
Licensed Premises – Outdoor Area**

Premises Location:

Describe in detail the outside area that you are requesting to be licensed:

Is this outside area enclosed with a fence or other barrier? Yes _____ No _____
Describe the fence or barrier:

Describe in detail how this area will be staffed or monitored:

Any additional information you would like the City Council to consider regarding your application:



AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

CITY OF HUDSON

I hereby authorize an employee or authorized representative of the CITY OF HUDSON, WISCONSIN, bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, state or federal law enforcement agencies
2. Selective Service system
3. Any place of business (for purposes of obtaining employment data)
4. Any previous employer
5. Present employer
6. Any school, college, university or educational institution
7. Any law enforcement or jail officer
8. Credit rating bureaus

Exceptions to this blanket authorization:

1. Any medical information in the possession of any source named above.
2. _____

This release is executed to authorize the CITY OF HUDSON, to obtain the above information. It is understood that said information shall be used only in consideration relating to obtaining an operator/agent license and shall not be further disseminated for any purpose.

First Name: _____ MI: _____ Last Name: _____ Maiden Name: _____

Address, City, State, Zip _____

Date of Birth _____

Driver's License Number and State of Issuance _____

Expiration date of Driver's License _____

Signature _____ Date _____



Application for Alcohol Beverage Operator's (Bartender's) License

IMPORTANT INFORMATION

- Applicants must provide a certificate of completion from a Responsible Beverage Server Course taken within the last 2 years or an operator's license within the last two years from another Wisconsin municipality. Approved course information can be found online at <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>. **A COPY OF YOUR PHOTO ID IS REQUIRED TO PROCESS APPLICATION.**
- An Operator's license is a privilege, not a right. **False or misleading answers or omissions may result in the denial of your application.**
- This application must be **completed legibly, accurately and completely.**
- If you have any doubt as to whether to include facts of a specific incident, it is recommended that you disclose the information. # _____
- If you are unsure about how to respond to any questions on this form, check with the Clerk's office for clarification.
- Your application will not be processed until you address any unpaid debts owed to the City of Hudson and/or outstanding warrants.

SECTION 1. LICENSE INFORMATION

Choose One <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Special Event/Temporary	If you are applying for a New License have you completed the Responsible Beverage Server Training Course within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide a copy of the certificate of completion of the course with this application
Have you held an operator's license in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', where: _____
Have you ever had an Operator or any type of alcohol license suspended, revoked, or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', where: _____
If 'yes', please provide an explanation about the suspension, revocation or denial. Attach additional sheets of paper, if necessary	
Have you read the reverse side of this application which outlines reasons why an application may be denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2. APPLICANT INFORMATION (Applicant must be 18 years of age or older to apply)

Applicant Name (First Name, Middle Name, Last Name)		Have you ever used any other name(s) or alias(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Name(s) or Alias(es) (First Name, Middle Name, Last Name)		Phone Number	
License Plate Number	Date of Birth	Place of Birth (County/State)	Race
Driver's License Number/State ID number	State of Issuance	Email Address	
Current Address (also provide mailing address if different from current address)	City	State	Zip Code
Previous Address	City	State	Zip Code
Name and Address of Employer where license will be used (if not currently employed, mark "N/A")			

SECTION 3. ARREST AND CONVICTION RECORD INFORMATION

This application asks questions regarding past arrests and convictions under federal, state and/or local laws, either as an adult or juvenile. THESE QUESTIONS MUST BE ANSWERED TRUTHFULLY, SO PLEASE READ CAREFULLY. The City performs background checks on all applicants. If you do not give accurate information on this application, or if you give false statements or omissions on the application, it may result in the DENIAL of this application.

PENDING CHARGE(S) INFORMATION

Are there any charges (criminal or ordinance violations) currently pending against you? Yes No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

Date of Violation	Location (City/County/State)	Description of Violation	Next Court Date	Status
1				

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? Yes No
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? Yes No
If so, which incident?

FELONY CRIMINAL RECORD

Since your 17th birthday, have you ever been arrested or convicted of a felony? Yes No

As a juvenile, have you ever been waived into adult court and convicted of an offense that would be considered a felony for an adult? Yes No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

Date of Conviction	Location (City/County/State)	Description of Felony Offense
1		

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? Yes No
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? Yes No
If so, which incident?

OTHER CRIMINAL RECORD OR ORDINANCE VIOLATION HISTORY

In the last 5 years, have you ever been arrested or convicted of a criminal misdemeanor or for violating an ordinance (citation or ticket) or other law of the United States, State, County, City, Village or Town? (Do not include parking violations) Yes No

If you answered yes, please complete all of the information below: (attach additional sheets of paper if needed)

	Date of Conviction	Location (City/County/State)	Description of Criminal Offense (Non-Felony) or Ordinance Violation	Penalty Imposed
1				
2				
3				
4				
5				

At the time of any incident you list, were you under the influence of alcohol and/or other drugs at the time of the offense? Yes No
If so, which incident?

For any incident you list, did the incident occur in or around an establishment that serves alcohol? Yes No
If so, which incident?

SECTION 4. PARAMETERS FOR REVIEW OF AN OPERATOR'S (BARTENDER'S) LICENSE

The City will start by reviewing the applicant's record for the most recent 5-year period, unless a pattern of conduct exists. In general, if you have 2 (or more) offenses in the last 5 years, your application may be denied. For specific conviction information, please see City of Hudson ordinance 145-17.

To the extent state statutes or ordinances provide additional grounds for denial or non-renewal, the City may rely on such provisions. If an application is recommended for denial, the applicant will be provided a letter stating the reasons for the recommendation. An applicant has the right to appeal the decision by submitting a written request to the City Clerk that states, in detail, the grounds the applicant believes should result in the reversal of the denial. The appeal shall be signed and dated by the applicant. The appeal will be submitted to the City Council for further review.

SECTION 5. CERTIFICATION

*** PLEASE READ CAREFULLY BEFORE SIGNING***

By signing this application, I hereby swear (or affirm) that the information provided in this application is true and correct to the best of my knowledge and belief. I certify that I am familiar with the laws, ordinances, and regulations pertaining to the sale of alcoholic beverages and I agree to obey all provisions of the law. I understand that giving false or inaccurate information or withholding requested information on this application will result in the denial of this application. Further, by my signature, I am hereby authorizing the City to conduct a background check and I am releasing the City and its elected officials, officers, employees, and agents from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization to request to release information or any attempt to comply with it.

I understand that if approved, my license will be sent to my employer if my employer was identified in Section 2. **I further understand that if my application is denied the fees that I paid are non-refundable.**

Signature of Applicant _____

_____ Date

OFFICE USE ONLY

<input type="checkbox"/> New/Renewal License (2 year license) \$50.00 expires _____	<input type="checkbox"/> Photo ID checked	<input type="checkbox"/> Sent to PD on _____
<input type="checkbox"/> Provisional License \$15.00; expires _____	<input type="checkbox"/> Outstanding Debt Court _____	<input type="checkbox"/> Rec'd from PD on _____
<input type="checkbox"/> Special Event/Temporary License \$25.00; Date(s) of Event: _____		<input type="checkbox"/> Lic/Ltr sent on _____ Receipt # _____

RECOMMENDATIONS / FINAL ACTION

Police Dept Action Date: _____ Approved Denied Chief of Police/Designee Signature: _____

If license is denied, state reason(s) for denial or attach a separate document:
