

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

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)
Directors / Managers 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)

C. Business Information

- Trade Name _____ Business Phone Number _____
- Address of Premises _____ Post Office & Zip Code _____
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 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.) _____

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	\$

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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 license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

**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:

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 an officer of the corporation/organization or one member/manager 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/member/manager 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)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, _____, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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 _____

_____ Date of birth _____
(Home Address of Agent)

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 _____ by _____ Title _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*



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
Previous Address		City	State
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: