



Village of Twin Lakes

License/Permit Application

License Period: July 1, 2023 – June 30, 2024

This completed form, required attachments, and fees shall be submitted at the time of application to:

Village of Twin Lakes Clerk's Office

105 E Main St

Twin Lakes, Wisconsin 53181

Please make checks payable to: **Village of Twin Lakes**

Inquiries Phone: 262-877-2858 Fax: 262-333-3286 Email: clerk@twinlakeswi.gov

Note: The Village of Twin Lakes has alcohol, operator (bartender), peddler/solicitor, and other specialty license and/or permit applications not included with this form. Contact the Clerk's office for more information.

Indemnification: By signing this application, the applicant hereby indemnifies, defends, and holds the Village of Twin Lakes and its employees and agents harmless against all claims, liability loss, damage or expense incurred by the Village on account of any injury to or death of any person or any damage to property caused by or resulting from the activities for which the permit is granted.

To the best of the applicant's knowledge and belief, the information on this application is true, correct and complete. The applicant agrees to comply with all appropriate Wisconsin State Statutes and Village of Twin Lakes Ordinances relating to the license/permit. (The Village of Twin Lakes Code of Ordinances is available for review at the Village Hall, or on the Village's website www.villageoftwinlakes.net).

PART A - REQUIRED APPLICANT INFORMATION

PART B – ANNUAL LICENSES AND PERMITS

Applicant Name (last, first, MI)	Social Security No. (required only for individual/sole proprietorship)
Title (Owner, agent AP, etc)	Federal Employer Identification # (FEIN)
Applicant Address	Wisconsin Seller's Permit #
City/State/Zip	Applicant Phone
Business Name and Type of Entity: Individual, Corp, LLC Etc	Fax
Address of Establishment	Email
Business Mailing Address (if different than license address)	Business Phone
City/State/Zip	Type of Business
Applicant's Signature	Date

(Check all that apply) (Check New/Renewal) Annual fee to be paid with invoice

Amusement Device* New Renewal \$100.00 for first 3 machines
 \$ 25.00 for each additional
 _____ # of machines (total)

"Amusement Device" means pool tables of all types, pinball machines, dart boards, and related machines or equipment designed to provide amusement or entertainment and does not afford the player an opportunity to obtain something of value. No gambling shall be permitted on the premises per Village Ordinance 5.42.070(c).

Required: If devices within this license are not owned by applicant. Supervisor on Premise:

Owner's Name _____ Name: _____
 Address _____ Address: _____
 City/State/Zip _____ City/State/Zip _____
 Age: _____

***Attach a list of machines including a sketch showing the placement of devices in the establishment.**

Cabaret* New Renewal \$100.00

The primary purpose of the Cabaret License is for the music of one or more musicians and dancing privileges, specifically feature or advertise dancing in this premise using a mechanical device to produce music, furnish entertainment by, or performance of, any act, stunt, or dance by performers under his auspices, whether such performers or dances are paid or not.

***Attach a sketch of the location of the dance floor in relationship to remainder of building.**

Cigarette/Tobacco Seller New Renewal \$100.00
 OVER THE COUNTER VENDING BOTH

Weights/Measures New Renewal \$ 8.34 per device (*Subject to Change*)

Devices used or employed in establishing the size, quantity, extent, area or measurement of quantities, things, produce or articles for sale, hire, awarded, or in computing any basic charge or payment for services rendered on the basis of weight or measure.

Required:

_____ Point of Sale Systems (Scale, Register, Scanner Combo) Location _____
 # _____ Liquid Measuring Devices Location _____
 # _____ Scales Location _____
 # _____ Other – Please Designate _____ Location _____

Additional fee may be applied if number of devices differs from audit received from the State of Wisconsin.

PART C – VILLAGE REVIEW OF APPLICATION - (To be completed by Village)

Application review by: _____ Date: _____ The following applications are: "C" Complete or "I" Incomplete at the time of receipt (all that apply):
 C I Reason if Incomplete

Describe each license **incomplete** issue(s) _____

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship)			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name)			Telephone Number ()		
Business Address (License Location)			Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality		State	Zip Code	Business Telephone ()	
Mailing Address (if different than Business Address)			of: _____		County
Municipality			State	Zip Code	

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
DATE: _____

Fee Paid _____ Date: _____

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

Name of Applicant _____
(as it appears on driver's license) FIRST NAME MIDDLE LAST NAME MAIDEN

New _____ Renew _____ Business Name: _____

Address of Applicant _____

Date of Birth _____ Phone Number _____ Home _____

Driver's License #: _____ State _____

Email Address: _____

1. In the last five years, have you ever plead or been found guilty, or have you plead "no contest" or entered a similar plea, for any matter of law before any jurisdiction? _____
2. Are you aware of any matters of law involving you, which are not resolved, still pending, still being heard or being reviewed by any jurisdiction? _____

(A "matter of law" would include any violation or infraction of Federal, State, or local jurisdiction's laws or regulations for any location. You do not need to list Twin Lakes offenses. If your answer to either of the above questions is "yes," describe the charge for which you were convicted I found guilty I "no contest"; or which is still pending, including when and where, on reverse side of form. You do not need to include speeding tickets.)

CHECK IF ENTERING INFORMATION ON REVERSE SIDE:

PLEASE ASK QUESTIONS IF YOU DO NOT UNDERSTAND!

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.

Failure to answer any of the questions above completely and truthfully may result in denial of your license, possible criminal or civil charges and non-refund of application fees. ORD 5.20.050F Truthfulness of Statements.

I hereby apply for a license to serve Fermented Malt Beverages and intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof, and thereto, and hereby agree to Federal, State, Local laws affecting the sale of such beverages and liquors if a license be granted to me.

SIGNATURE OF APPLICANT

Enrolled in School
Date: _____
School Completed : _____ (yes/no)
Proof shown : _____ (yes/no)

Fee: \$50.00 Two Year
Duplicate License: \$10.00
Date filed _____ Date to Police Dept. _____ Chiefs Approval _____
Lic # _____ Issued _____ Expires _____

NUMBER OF RECORD CHECKS _____

Sabrina Waswo (Village Clerk/Treasurer)

FINES DUE: _____
Payment Plan _____ Signed by Court _____ Date _____

CONTINUED INFORMATION FROM FRONT PAGE - ITEMS 1 AND/OR 2:

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS
DATE: _____

Fee Paid _____	Date: _____
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Name of Applicant _____
(as it appears on driver's license) FIRST NAME MIDDLE LAST NAME MAIDEN

New _____ Renew _____ Business Name: _____

Address of Applicant _____

Date of Birth _____ Phone Number _____ Home _____

Driver's License #: _____ State _____

Email Address: _____

1. In the last five years, have you ever plead or been found guilty, or have you plead "no contest" or entered a similar plea, for any matter of law before any jurisdiction? _____
2. Are you aware of any matters of law involving you, which are not resolved, still pending, still being heard or being reviewed by any jurisdiction? _____

(A "matter of law" would include any violation or infraction of Federal, State, or local jurisdiction's laws or regulations for any location. You do not need to list Twin Lakes offenses. If your answer to either of the above questions is "yes," describe the charge for which you were convicted I found guilty I "no contest"; or which is still pending, including when and where, on reverse side of form. You do not need to include speeding tickets.)

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SIGNATURE OF APPLICANT

<u>Enrolled in School</u> Date: _____ School Completed : _____ (yes/no) Proof shown : _____ (yes/no)

Fee: \$50.00 Two Year
Duplicate License: \$10.00
Date filed _____ Date to Police Dept. _____ Chiefs Approval _____
Lic # _____ Issued _____ Expires _____

NUMBER OF RECORD CHECKS _____

Sabrina Waswo (Village Clerk/Treasurer)

FINES DUE: _____
Payment Plan _____ Signed by Court _____ Date _____

CONTINUED INFORMATION FROM FRONT PAGE - ITEMS 1 AND/OR 2:

INSTRUCTIONS/POLICY INFORMATION

BEVERAGE SERVER TRAINING COURSE

Wisconsin State Statute provides that applicants for operator's licenses must complete a responsible beverage server-training course in order to receive a license. Applicants are exempt from the training course requirement if they renew an existing operator's license, completed the training course within the last two years, or held a retail license, manager's or operator's license within the last two years.

The Village of Twin Lakes issues operator's (bartender's) licenses for a period of two years. The fee for this license is \$50.00. License period: July 1 through June 30.

FEE IS NON-REFUNDABLE IF LICENSE IS DENIED.

NEW APPLICANTS

The following procedure will be followed for new applicants:

1. The applicant submits an operator (bartender's) license application, shows proof of successful completion of an approved Beverage Server Training course and pays the required fee.
2. UPON APPROVAL BY THE POLICE CHIEF: Clerk will issue operator's license for the remainder of the two-year period.
3. If the applicant has not completed the course in 60 days, the provisional license will expire. Police checks can be made after 60 days, violations noted, and penalties assessed. Only three provisional licenses can be issued to an applicant in one year at same charge for each issue as when originally applied.

While the following Responsible Beverage Server training courses have been approved for certification in the state, the Wisconsin Department of Revenue does not endorse nor administer any of these programs. Any issues you have concerning registration, student certification, fees, certificates, etc., must be directed to the individual vendor for resolution.

CARE	Learn2Serve.com	Rsgiving.com
Seller/Server.com	ServerLicense.com	Serving Alcohol Inc. - Wisconsin Alcohol Seller/Server Course
ServSafe Alcohol (WRAEF/NRAEF)	TEAM	TIPS
Wisconsin Technical Colleges	http://www.revenue.wi.gov/training/alcSellerServer.html	

RENEWALS

Applicants who are renewing a license and have completed the required schooling if applicable must submit the required application and pay the required fee.

VILLAGE ORDINANCE 5.20.020 License Application

Pursuant to Village Code, applicants with multiple convictions of user/possession of drugs/alcohol, underage serving, and/or disorderly conduct within a 5-year period will not be considered for a license until a two-year period has elapsed from the most recent conviction or pending offense. Applicants that provide false information will be denied a license for two years.

VILLAGE ORDINANCE 3.06.010 License Fees

Fees for licenses shall be as listed per ordinance and shall be paid at the time of application. All fees are paid for in advance except during renewal time.



VILLAGE OF TWIN LAKES

105 East Main St. P O Box 1024 Twin Lakes, WI 53181
Phone (262) 599-6880 Fax (262) 333-3286

RENEWAL ALCOHOL LICENSE CHECKLIST

Checklist must be submitted by each applicant seeking a renewal. Incomplete applications will be rejected.

Business Name: _____

Business Address: _____

Applicant Name: _____

<input type="checkbox"/>	Discuss any changes with Village Clerk.
<input type="checkbox"/>	Renewal Alcohol Beverage License Application (AT-115).
<input type="checkbox"/>	Auxiliary Questionnaire (AT-103). A copy must be submitted for each officer, director, member, manager, and agent of the corporation, LLC or non-profit organization.
<input type="checkbox"/>	Appointment of Agent (AT-104).
<input type="checkbox"/>	Proof of Completing Responsible Beverage Server Training Course. Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. <i>Does not apply to individuals who held, or were an agent of a corporation or LLC that held a liquor license within the past two years.</i>
<input type="checkbox"/>	Proof of Residency. Applicants must have resided 90 days continuously in the state prior to the date of application. Proof of residency could include voter registration, vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. <i>Officers, directors, members or managers of corporations or LLCs are not required to meet the residency requirement.</i>
<input type="checkbox"/>	Proof of Wisconsin Seller's Permit. Can be a copy of a letter, email, or website from the State of Wisconsin proving applicant is in good standing for sales tax purposes and holds a valid seller's permit.
<input type="checkbox"/>	Map of Premises. Applicant must submit a map of the premises, identifying the buildings, rooms, and land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should be clear and legible.
<input type="checkbox"/>	Fees. License and Publication fees are due the week prior to the Village Board Meeting to decide on the approval/denial of the license application.

Applications (AT-115, AT-103, AT-104) may be obtained at Village Hall or from the WI Dept. of Revenue website: <https://www.revenue.wi.gov/dorforms>

For Office Use Only

Filed with Clerk: _____	License Fee Receipt & Amt. Paid: _____
Date Published in Newspaper: _____	Publication Fee Receipt & Amt. Paid: _____
Date forwarded to Police Chief: _____	Date Fire Inspection Completed: _____

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)
-----------------	---------	---------------	--

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 _____

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)*

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Home Address (street/route)		Post Office	City	State	Zip Code
Home Phone Number		Age	Date of Birth		Place of Birth

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending. _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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.

(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) <small>(last name)</small>		<small>(first name)</small>		<small>(middle name)</small>	
Home Address (street/route)	Post Office	City	State	Zip Code	
Home Phone Number	Age	Date of Birth	Place of Birth		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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Employer's Name	Employer's Address	Employed From	To

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(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name <i>(please print)</i> <i>(last name)</i> <i>(first name)</i> <i>(middle name)</i>				
Home Address <i>(street/route)</i>	Post Office	City	State	Zip Code
Home Phone Number	Age	Date of Birth	Place of Birth	

The *above named individual* provides the following information as a person who is *(check one)*:

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*
 which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? _____
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) *(Address By City and County)*

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_____ *(Signature of Named Individual)*