

# BEER, WINE, & LIQUOR LICENSE(S)

Contact: \_\_\_\_\_ Email: [cityclerk@kenosha.org](mailto:cityclerk@kenosha.org)

LP: \_\_\_\_\_ CC: \_\_\_\_\_ Effective: \_\_\_\_\_ Issue By: \_\_\_\_\_

Complete the attached application and submit with the appropriate fee to the City Clerk's Office at least **15 days prior to a Common Council meeting.**  
*Class "B" Liquor and "Class B" Beer licenses are limited by ordinance quota. Please email for availability.*

**REQUIRED TO FILE AN APPLICATION (You Will Not Be Able to Submit Without these Documents)**

<input type="checkbox"/> <b>Application (AB-200):</b> Signature of individual, one member of partnership or LLC, or one corporate officer required
<input type="checkbox"/> <b>Business Plan:</b> See attached business plan guide per Section 10.03 C.4. of the Code of General Ordinances.
<input type="checkbox"/> <b>Individual Questionnaire (AB-100):</b> Must be filled out and signed by each person listed on the application
<input type="checkbox"/> <b>For Corporations/LLCS ONLY:</b> Schedule of Appointment of Agent Form (AB-101)
<input type="checkbox"/> <b>ID Copies:</b> Each Member, Agent or Sole Proprietor, include a copy of Drivers License or State ID
<input type="checkbox"/> <b>Statement of Economic Impact (CLKSEI)</b>
<input type="checkbox"/> <b>If the Location is Currently Licensed and This License is Being Transferred:</b> License Surrender (CLKCLS) and Affidavit (CLSAFF) forms must be signed (notarized) by the previous owner
<input type="checkbox"/> <b>All Fees Must be Paid at Time of Filing:</b> See Fee Schedule on next page

**OTHER LICENSES/PERMITS THAT MAY BE NEEDED**

<input type="checkbox"/> <b>Business Occupancy Permit <i>Required</i>:</b> Community Development & Inspections – (262) 653-4263
<input type="checkbox"/> <b>Cabaret (CLK228):</b> Live Entertainment (Probationary (\$300) – 6 Month License)
<input type="checkbox"/> <b>Amusement Device (CLK103):</b> Game or device used for amusement (devices that can generate revenue) e.g. jukebox, video games, pool table, dart boards (not a gambling machine as defined by WI. Stats. 945.01 (3)) (\$60.00 per Device per Year)
<input type="checkbox"/> <b>Cigarette (CTV-100):</b> Sale of cigarette, tobacco or vape products (\$100/Year)
<input type="checkbox"/> <b>Outdoor Extension, Outdoor Dining, Outdoor Cafe (CLK100/099/098):</b> See Clerk for appropriate license and info

**BEFORE LICENSE CAN BE ISSUED, THE FOLLOWING ITEMS ARE REQUIRED**

<input type="checkbox"/> <b>Proof of Ownership or Executed Lease for the Premises</b>
<input type="checkbox"/> <b>Responsible Alcohol Beverage Server Training Course:</b> (Agent) Learn2Serve.com
<input type="checkbox"/> <b>FEIN Number:</b> www.irs.gov
<input type="checkbox"/> <b>Seller's Permit:</b> WI Department of Revenue – (608) 266-2486 / www.revenue.wi.gov
<input type="checkbox"/> <b>All Past Due Municipal Court Fines MUST Be Paid</b> (individuals, partners, agent)
<input type="checkbox"/> <b>All Delinquent Liquor Bills MUST Be Paid:</b> Transfer application only

**Please Note: Be sure to contact the Alderperson of your District.** District #: \_\_\_\_\_

# Charges for License Applications (Pro-Rated)

## Beer, Liquor and Wine License Fee Schedule

	CLASS B BEER ONLY	CLASS B BEER & CLASS B LIQUOR	CLASS A BEER ONLY	CLASS A BEER & CLASS A LIQUOR
EFFECTIVE	TOTAL	TOTAL	TOTAL	TOTAL
July	\$100.00	\$600.00	\$500.00	\$1,000.00
August	\$92.00	\$550.00	\$458.00	\$916.00
September	\$83.00	\$500.00	\$417.00	\$834.00
October	\$75.00	\$450.00	\$375.00	\$750.00
November	\$67.00	\$400.00	\$333.00	\$666.00
December	\$58.00	\$350.00	\$292.00	\$584.00
January	\$50.00	\$300.00	\$250.00	\$500.00
February	\$42.00	\$250.00	\$208.00	\$416.00
March	\$33.00	\$200.00	\$167.00	\$334.00
April	\$25.00	\$150.00	\$125.00	\$250.00
May	\$17.00	\$100.00	\$83.00	\$166.00
June	\$8.00	\$50.00	\$42.00	\$83.00

### BAR or RESTAURANT

CLASS C WINE LICENSE (NOT PRO-RATED)	\$100.00
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### STORE or GAS STATION

CLASS A LIQUOR LICENSE – CIDER ONLY (MUST HAVE CLASS A BEER LICENSE)	NO CHARGE
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**ADD AN ADDITIONAL \$23.00 FOR THE PUBLICATION FEE**

*Class "B" Liquor and "Class B" Beer licenses are limited by ordinance quota. Please email for availability. One time fee, \$10,000 reserve liquor licenses may be available if ordinance quota is met.*

# Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

**License(s) Requested:** (up to two boxes may be checked)

- |   |  |
|---|--|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____          | <input type="checkbox"/> Class "B" Beer ..... \$ _____     |
| <input type="checkbox"/> "Class A" Liquor ..... \$ _____        | <input type="checkbox"/> "Class B" Liquor ..... \$ _____   |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____  |  |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
2. Business Trade Name or DBA			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type ( <i>check one</i> )			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address			
10. City		11. State	12. Zip Code
13. County	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Premises Phone	17. Premises Email		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . .  Yes  No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . .  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Title	Email	Phone
Signature		Date

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

# Form AB-200 Instructions

## Alcohol Beverage License Application

### Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get a retail alcohol beverage license.

### Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

### Specific Instructions

#### *License Period:*

- Annual licenses expire June 30 each year, except licenses issued by the City of Milwaukee. Annual licenses issued by the City of Milwaukee also may be issued at any time throughout the year, but are valid for one year from the date of issuance.

#### *License Requested and License Fees:*

- Select the alcohol beverage license(s) you would like to apply for.
- Generally, you may apply for no more than two licenses for the same premises. Further, some license combinations are not acceptable, (e.g., “Class A” and a Class “B”).
- For descriptions of each of the alcohol beverage licenses and their authorizations, see [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#), and [Fact Sheet 3101, Licenses for Retail Sale of Alcohol Beverages](#).
- License costs are determined by the municipality within a range set by state law. Ask your clerk how much the license, background check, and publishing fees in that municipality cost.
- License fees for licenses issued for less than one year must be prorated according to the number of months or fraction of months remaining in the licensing period.

#### *Part A: Premises/Business Information*

- Box 1: Enter the legal business name or individual name if a sole proprietor.
- Box 2: Enter the trade name or “doing business as” name, if different than the name in box 1.
- Box 4: Seller’s permits begin with the digits “456.” For questions about obtaining a seller’s permit, see [Seller’s Permit Common Questions](#).
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 6-7: Provide the state and date of organization of the legal entity.
- Box 8: Provide the Wisconsin Department of Financial Institutions Registration number. This number is assigned to the entity when it is registered with DFI. It can be located using the Department of Financial Institution’s [Corporate Records Search](#).
- Boxes 9-19: All requests for “premises” information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 19: Describe the premises in detail. Include outdoor spaces if your municipality allows it. Some municipalities have specific requirements for outdoor spaces as a part of the licensed premises. Call your municipal clerk to learn more. Attach a floor plan if possible.

**Example:** The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.

- Box 20-23 Provide the mailing address for the business, if different from the address in boxes 9-12.

#### *Part B: Questions*

- Questions 1 and 2: Disclose any civil or criminal violations of law and pending charges in any jurisdiction (federal, state, or local ordinance). Include detailed descriptions of any violations of law involving alcohol beverages. Attach additional sheets as necessary.

- Question 3: Wisconsin law generally prohibits alcohol beverage industry members from having an interest in another tier. The law provides some exceptions, with limitations, for restricted investors. If the applicant business, or any of its officers, directors, members, agent, employees, owners, or other related individuals has an interest in an alcohol beverage producer or distributor, list the restricted investors and describe the nature of their interest. A restricted investor with an allowable interest in another tier must complete AB-104, Restricted Investor Affidavit. Attach additional sheets as necessary.
- Question 4: If the applicant is owned by another business entity, provide the legal entity name(s) and FEIN(s) of all upstream entity ownership. Attach an organizational chart if possible. Include all persons involved in upstream entity ownership in the table in Part C and submit Form AB-100 for each of those persons with this application.
- Question 5: Wisconsin law requires all sole proprietors, partners, and agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless one of the following applies. Submit the associated document with this application.
  - The applicant is renewing a license, or
  - Within the past two years:
    - a. The applicant held a manager's or operator's (bartender) license.
    - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued alcohol beverage license in Wisconsin.

**Note:** To learn about your responsibility to complete the responsible beverage server requirement, please review [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#).

- Question 6: A licensee may only buy liquor or beer for cash or on credit terms for a period not to exceed 15 days for beer and 30 days for liquor. A person may not be issued a license if they are indebted to a wholesaler in excess of these limits.
- Question 7: Renewal of licenses may be denied pursuant to a local ordinance if the licensee owes past due municipal taxes, assessments, or other fees.

#### *Part C: Individual Information*

- Provide basic information for all persons involved in the retail alcohol beverage business who are owners, officers, directors, managers, members, or the agent. Include ownership information as identified in Part B, Question 4.

**Example:** Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.

- Sole-proprietors, partners in a partnership, and the agent of an LLC or corporation must reside in Wisconsin continuously for 90 days prior to application.
- Include an Alcohol Beverage Individual Questionnaire (Form AB-100) for each person listed in this section with the submission of this application.

#### *Part D: Attestation*

- Read the attestation carefully, then sign and date.

#### *Part E: For Clerk Use Only*

- “*Date license granted*” means the date the municipal governing body approves the license to be issued.
- “*Date license issued*” means the date the municipal clerk issues the license certificate document.

### **Completion and Submission of AB-200**

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- License applications must be filed with the municipal clerk at least 15 days before they can be approved by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- In addition to Form **AB-200**, include:
  - Form AB-100, *Alcohol Beverage Individual Questionnaire*, for all individuals listed in part C
  - Form AB-101 *Alcohol Beverage Appointment of Agent*, for corporation, nonprofit organizations, and LLC applicants
  - License and publication fees as required by your municipality

- Responsible beverage server training course completion certificate or other acceptable replacement document described in Part B, Question 5
- Proof the applicant holds a seller's permit, such as a copy of the seller's permit document

**Note:** See [Publication 206](#), *Sales Tax Exemptions for Nonprofit Organizations*, for information on when a nonprofit organization may be exempt from holding a seller's permit.

- All other information and documents required by your municipality

**NOTE:** You are required by federal law to register as an Alcohol Dealer with the federal Alcohol and Tobacco Tax and Trade Bureau (TTB) before beginning business. Use [Form TTB F 5630.5d](#), *Alcohol Dealer Registration*, and return the form to the address listed on the instructions.

## Open Records

This application is an open record under Wisconsin law (sec. [19.35](#), Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department publishes a list of alcohol beverage licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

## Assistance

This form is designed by the Department of Revenue for use by municipal governments. If you require assistance with this form, consider reaching out to your municipal clerk for assistance with the following:

- Submission of this application and associated forms
- Availability and cost of certain licenses

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

**Website:** [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

**Write:** [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

**Call:** (608) 264-4573

## Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#) *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#) *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#) *"Class B" Liquor License Quotas*

# Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type ( <i>check one</i> )	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name	2. First Name	3. M.I.	
4. Relationship to Business (Title)	5. Email	6. Phone	
7. Home Address			
8. City	9. State	10. Zip Code	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Years</td> <td style="width: 50%; padding: 2px;">Months</td> </tr> </table>	Years	Months
Years	Months				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1	City	State	Zip Code		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County		
State	County	State	County		
State	County	State	County		

*Continued* →



**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature	Date
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# Form AB-100 Instructions

## *Alcohol Beverage Individual Questionnaire*

### **Who must complete Form AB-100?**

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent*, Form AB-200, *Alcohol Beverage License Application*, or an alcohol beverage permit application.

### **Where do I submit Form AB-100?**

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent* to the issuer of the authorization.

### **Specific Instructions**

#### *Date*

- Date the form in the top right corner.

#### *Part A: Business Information*

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

**Note:** This business information must match the information on any license application (Form AB-200) or existing license certificate.

#### *Part B: Individual Information*

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

#### *Part C: Address History*

- Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

#### *Part D: Criminal History*

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

**Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.),** persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

#### *Part E: Attestation*

- Read the attestation carefully, then sign and date.

## Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses.

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

**Website:** [DOR Alcohol Beverage \(wi.gov\)](http://wi.gov)

**Write:** [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

**Call:** (608) 264-4573

## Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#) *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#) *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#) *"Class B" Liquor License Quotas*

**Agent Type** *(check one)*

- Original (no fee)       Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

**Part B: Agent Information**

1. Last Name		2. First Name		3. M.I.	
4. Email				5. Phone	
6. Home Address					
7. City		8. State	9. Zip Code		10. Age
11. Drivers License/State ID Number			12. Drivers License/State ID State of Issuance		

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Submit proof of completion.
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No See instructions for exceptions.

*Continued* →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Signature			Date	

# Form AB-101 Instructions

## Alcohol Beverage Appointment of Agent

### Who must complete Form AB-101?

State law requires corporations, limited liability companies (LLCs), and nonprofit organizations to appoint an agent that takes responsibility for the licensed or permitted premises.

Use this form to appoint an agent for a new premises or to appoint a successor agent when there is a change before the license or permit is up for renewal.

### Where do I submit Form AB-101?

Submit Form AB-101 to the appropriate issuing authority, either the clerk of the municipality in which the business or organization is located, or the Division of Alcohol Beverages.

Form AB-101 may be submitted with a license or permit application or at any time to indicate there is a change in agent prior to the license or permit renewal period.

### Specific Instructions

#### *Date:*

- Date the form in the top right corner.

#### *Agent Type:*

- Select original appointment if you are applying for your license or permit for the first time or are renewing a license or permit.
- Select successor agent if you are reporting a change of agent during the licensing or permitting period.

#### *Part A: Business Information*

- Box 1: Enter the legal business name. If a sole-proprietorship, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as", if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

**Note:** This business information must match the information on the license or permit application.

- Box 4: Select which alcohol beverage authorization you hold or are applying for.
- Box 5: For appointment of a successor agent, enter your state permit number (15-digit Wisconsin Tax ID number) or municipal retail license number (if applicable) for which you are appointing a successor agent. If you do not have a municipal retail license number, provide any applicable identifier (e.g., store number or location).
- Box 6: For appointment of a successor agent, describe the reason for the change in agent.

#### *Part B: Agent Information*

- Provide all requested personal information.

#### *Part C: Agent Questions*

- Question 1: Wisconsin law requires all agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless:
  - The applicant is renewing a municipal alcohol beverage retail license, or
  - Within the past two years:
    - a. The applicant held a manager's or operator's (bartender) license.
    - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued retail alcohol beverage license in Wisconsin.

- Some agents for state permittees are exempt from responsible beverage server course requirements. The following permittees are exempt from RBS course requirements: Alcohol Beverage Warehouse, Industrial Fermented Malt Beverages, Wholesalers, Manufacturers, Rectifiers, Direct Wine Shippers, Wholesale Alcohol, Medicinal Alcohol, Industrial Alcohol, and Industrial Wine.
  - If you are applying to be the agent of one of these exempt permittees, answer “yes” to Question 1.
- To learn about your responsibility to complete the responsible beverage server requirement, review [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#).
- Question 2: Appointed agents must submit Form AB-100, *Alcohol Beverage Individual Questionnaire*, in addition to this form.
- Question 3: Appointed agents must be Wisconsin residents for at least 90 continuous days prior to the date of application, except for direct wine shipper permittees.

*Part D: Business Attestation*

- An authorized representative should sign, date, and provide requested personal information on behalf of the business.

*Part E: Agent Attestation*

- The agent being appointed should read the attestation carefully, then sign and date.

**Assistance**

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

**Website:** DOR Alcohol Beverage (wi.gov)

**Write:** DORAlcohol@wisconsin.gov

**Call:** (608) 264-4573



**STATEMENT OF ECONOMIC IMPACT  
FOR CLASS “B” BEER AND/OR “CLASS B” LIQUOR LICENSE  
CLKSEI (rev. 11/17)**

CHECK ALL THAT APPLY:

**CLASS “B” BEER**     **“CLASS B” LIQUOR**    **(NOT REQUIRED FOR CLASS A OR CLASS C LICENSES)**

1. Licensee Name: \_\_\_\_\_  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

2. Trade Name: \_\_\_\_\_

3. Property Owner & Address: \_\_\_\_\_  
If applicant is not owner, does applicant have a lease agreement with the owner?     **Yes**     **No**  
*(Note: Proof Of Property Ownership Or Proof Of An Executed Lease Must Be Provided To The City Clerk Before The License Will Be Issued.)*

4. Square footage of building: \_\_\_\_\_ Assessed value of property: \_\_\_\_\_

5. Estimated number of full time employees: \_\_\_\_\_ part time employees: \_\_\_\_\_

6. Assessed value of personal property (FURNITURE, FIXTURES, EQUIPMENT TO BE USED IN THE BUSINESS): \_\_\_\_\_

7. Gross Monthly Revenue – According to Section 10.03, applicants must come within 70% of the estimate of gross monthly revenue for alcohol beverages after one full license term or the license may be subject to revocation.

FOR EACH PRODUCT, PROVIDE GROSS MONTHLY REVENUE AND BASIS FOR ESTIMATES:

a) ALCOHOLIC BEVERAGES: \_\_\_\_\_

b) FOOD: \_\_\_\_\_

c) OTHER (SPECIFY): \_\_\_\_\_

d) TOTAL GROSS MONTHLY REVENUE: \_\_\_\_\_

***I hereby certify that the information above is true, correct and complete in all materiel respects.***

\_\_\_\_\_  
Corporation Name

\_\_\_\_\_  
Individual/Partner/Member Signature                      Date

\_\_\_\_\_  
Partner/Member Signature                                      Date





<b>OFFICE USE ONLY</b>
WI SELLER'S PERMIT: _____
PAYMENT RECEIPT: _____

**AGREEMENT – WISCONSIN SELLER’S PERMIT  
CLKWSP (rev. 11/17)**

Licensee: \_\_\_\_\_ License Type: \_\_\_\_\_  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Name of Licensed Premises: \_\_\_\_\_

Address of Licensed Premises: \_\_\_\_\_  
STREET ZIP

WHEREAS, the above applicant was granted the above license by the Common Council of the City of Kenosha, Wisconsin on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, subject to obtaining a Wisconsin Seller’s Permit, and

WHEREAS, applicant had applied for such permit to the Wisconsin Department of Revenue, but said permit will not be acted upon for four to six weeks, and

WHEREAS, the Wisconsin Department of Revenue does not object to applicant conducting the above business while the application is pending, and applicant desires to commence operating said business as soon as possible.

**WITNESSETH**

NOW THEREOF, the undersigned applicant, in consideration of being issued the above license by the City Clerk, and upon meeting other conditions of license approval, does herein and hereby agree that should the Wisconsin Department of Revenue deny the application for a Wisconsin Seller’s Permit, that applicant’s license, above described, is null and void, without any requirement for notice of hearing respecting revocation/non-renewal, and that this document constitutes a written surrender of said license.

\_\_\_\_\_  
Individual/Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date

**(Note: All persons who signed the license application must sign this agreement. Copy of Wisconsin Seller’s Permit application and receipt of permit fee payment must be attached.)**



**CONDITIONAL LICENSE SURRENDER  
CLKCLS (rev. 11/17)**

Licensee: \_\_\_\_\_  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: \_\_\_\_\_

Trade Address: \_\_\_\_\_  
STREET ZIP

\_\_\_\_\_ being first duly sworn on oath, says  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

that he/she is the holder of the following license(s) (check all that apply) issued by the City of Kenosha, WI:

- Class B Liquor**
- Class B Beer (Fermented Malt Beverage)**
- Class A Liquor**
- Class A Liquor – Cider Only**
- Class A Beer (Fermented Malt Beverage)**
- Class C Wine**

Affiant will surrender said license #(s) \_\_\_\_\_ to the City Clerk.

This affidavit is made to inform the City Council that the affiant hereby intends not to apply for said license(s) for the ensuing year, and to propose to the said Council that said license(s) be granted to:

\_\_\_\_\_ to whom your affiant has sold his/her business and, to whom your affiant surrenders all of his/her privileges to apply for a license.

Affiant will surrender said license(s) # \_\_\_\_\_, to the City Clerk provided that a license is granted to \_\_\_\_\_, the person herein designated.

Said license will be surrendered as of the date the license is granted to the person designated herein unless otherwise designated. Surrender is effective: \_\_\_\_\_.

\_\_\_\_\_  
Individual/Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_

**WARNING: Up to \$1000.00 penalty, 3 years in jail, or both for submitting false statements and affidavits, State Statutes Chapter 946.32.**