

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.**

✓ **THE FOLLOWING ARE REQUIRED TO FILE AN APPLICATION**

Application (AT-106): Signature of individual, one member of partnership or LLC, or one corporate officer required
Business Plan: See attached business plan guide per Section 10.03 C.4. of the Code of General Ordinances.
Auxiliary Questionnaire (AT-103): Must be filled out and signed by each person listed on the application
For Corporations/LLCS ONLY: Schedule of Appointment of Agent Form (AT-104)
Applicant's Report-Police Record (CLK001): Must be completed by agent of corporation or individual licensee
Statement of Economic Impact (CLKSEI)
If the Location is Currently Licensed and This License is Being Transferred: License Surrender (CLKCLS) and Affidavit (CLSAFF) forms must be signed (notarized) by the previous owner (licensee)
If Application is for a Class C Wine License: Affidavit (CLKCWL) must be signed (notarized) by applicant
All Fees Must be Paid at Time of Filing: See Fee Schedule on next page

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


Business Occupancy Permit: Community Development & Inspections – (262) 653-4263
Cabaret (CLK228): For Live Entertainment (Probationary – 6 Month License, \$150.00/Term)
Amusement Device (CLK103): Game or device used for amusement – For example but not limited to: jukebox, video games, pool table, dart boards (\$60.00/Device/Year) (not a gambling machine as defined by WI. Stats. 945.01 (3))
Cigarette (CTP-200): Sale of cigarette/tobacco products (\$100/Year)
Outdoor Extension, Outdoor Dining, Outdoor Cafe (CLK100/099/098): See Clerk for appropriate license and info

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

Proof of Ownership or Executed Lease for the Premises
Responsible Alcohol Beverage Server Training Course: (individuals, partners, agent) www.learn2serve.com
FEIN Number: www.irs.gov
Seller's Permit: WI Department of Revenue – (608) 266-2486 / www.revenue.wi.gov
All Past Due Municipal Court Fines MUST Be Paid (individuals, partners, agent)
Advance Personal Property Taxes: Transfer application only
All Delinquent Liquor Bills MUST Be Paid: Transfer application only
Fire Prevention: Inspection – (262) 653-4109
Assessor: Provide information – (262) 653-4480
Water Utility: Provide information – (262) 653-4317
City Inspection: Building Inspection & Occupancy Permit – (262) 653-4263
Health Department: Inspection – (262) 605-6700

Please Note: Be sure to contact the Alderperson of your District. District #: _____
Alderperson: _____ Phone: _____ Email: district ____ @kenosha.org

CHARGES FOR LICENSE APPLICATIONS (PRO-RATED)

	BAR / RESTAURANT		STORE / GAS STATION	
	CLASS B BEER ONLY	CLASS B BEER & CLASS B LIQUOR**	CLASS A BEER ONLY	CLASS A BEER & CLASS A LIQUOR
IF 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 / RESTAURANT

CLASS C WINE LICENSE (NOT PRO-RATED)	\$100.00
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STORE / 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

If Regular Class B Liquor Licenses are not available, you may apply for a **RESERVE CLASS B LIQUOR LICENSE

In addition to the above license fee, there will be a \$10,000 initial issuance charge for reserve licenses only.
The clerk will inform you if only reserve licenses are available.

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- | | |
|--|---|
| <input type="checkbox"/> Class "A" Beer \$ _____
<input type="checkbox"/> Class "B" Beer \$ _____
<input type="checkbox"/> "Class C" Wine \$ _____
<input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class A" Liquor \$ _____
<input type="checkbox"/> "Class B" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____
<input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |
|--|---|

License Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship)		
2. Trade Name or DBA		
3. Premises Address		
4. County	5. Municipality	6. Aldermanic District
7. Mailing Address (if different from premises address)		
8. FEIN	9. Wisconsin Seller's Permit Number	
10. Premises Phone	11. Premises Email	
12. 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		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.		

Part B: Questions
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration	2. Date of Registration	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name	Agent's First Name	Phone

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone

Part E: Attestation

Who must sign this application?

sole proprietor
 one general partner of a partnership
 one corporate officer
 one managing 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.

Signature	Date	
Name (Last, First, M.I.)		
Title	Email	Phone

Part F: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

NOTICE TO APPLICANTS
For Retail Class “A” Beer, Class “B” Beer, “Class B” Liquor or “Class C” Wine
Licenses or Combination

When making an application, please note that according to Section 10.03 C.4. of the Code of General Ordinances:

4. An applicant has no legal right to the issuance of a license described herein. Such a license is a privilege not a right. Whether a license should be issued to an applicant is a matter of local concern and is within the discretion of the Common Council. In determining whether a new Class "A," Class "B," or "Class B" License or combination thereof should be granted, or transfer of such license approved, the Common Council shall consider the following factors giving to each whatever weight is appropriate in the particular factual circumstances:

- a. Whether the applicant meets statutory and City licensing requirements and the premises to be licensed being in compliance with all applicable City Zoning and General Ordinances.
- b. Whether the proposed development will have a substantial negative impact upon the surrounding properties or the neighborhood within six (6) blocks of the licensed premises, in terms of lowering property values, increasing noise, as defined in Chapter XXIII of the General Ordinances, or traffic congestion, or otherwise have a negative effect on the existing or planned character of the neighborhood.
- c. Whether there is an over concentration of licensed establishments in the neighborhood within two thousand six hundred forty (2,640) feet of the licensed premises "over concentration" shall mean more than ten (10) Class "A," Class "B" or "Class B" Licenses or combination thereof.
- d. The physical layout of the proposed licensed premises, capacity, history of the applicant in operating previous licensed establishments, history of establishment itself and whether its prior interaction and fit have been consistent with the character of the surrounding area of the proposed establishment.
- e. The principal business proposed by the applicant. "Principal business" means the primary activity as determined by analyzing the amount of capital, labor, time, attention and floor space devoted to each business activity proposed and by analyzing the sources of net income and gross income. The name, appearance and advertising of the business may also be considered if they are given less weight. Types of business include taverns, restaurants, lounges, night clubs, grocery stores, bowling centers, movie theatres and painting studios. "Restaurant" has the meaning as defined in Wis. Stats. § 97.01(14)(g) and whose sales of alcohol beverages account for fifty (50) percent or less of the establishments gross receipts.
- f. Whether the operation of licensed premises will have a significant, positive influence on the City economy. In determining significant, positive influence on the City economy, the Common Council may consider the number of licenses available and the advisability of holding a license for possible future development.
- g. Any other facts which reasonably relate to the public safety and welfare, or the legitimate police power of the City.

Date

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information				
1. Registered Entity Name (or individual name if sole proprietor)				
2. 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

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

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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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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)*



APPLICANT'S REPORT – POLICE RECORD
CLK001 (rev. 08/17)

Last Name: _____ First Name: _____ MI: _____
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: _____
STREET CITY STATE ZIP

Date of Birth: _____ Driver's License #: _____
STATE NUMBER

License Applied For: _____

PLEASE NOTE: You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state? **Yes** **No**
 If yes, provide: Charge, State, Date, Result (Include pending charges.)
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state? **Yes** **No**
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison in any state**? **Yes** **No**
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state? **Yes** **No**
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

6. Have you lived at your current home address for the **past (5) five years**? **Yes** **No**
 If no, please list all addresses which you have resided at in the past (5) five years:

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application. **Yes** _____

INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied? **Yes** _____

INITIAL

 Applicant Signature

 Date

1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES

A. Prohibition

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

B. Penalty

- 1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
- 2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.



**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** **CLASS A BEER** **CLASS A LIQUOR**

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



OFFICE USE ONLY
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.



AFFIDAVIT – DELINQUENT BILLS
CLKAFF (rev. 11/17)

I, _____, being duly sworn, on oath, do hereby affirm that, as of
the _____ day of _____, _____, I do not owe any bills
for the purchase of intoxicating liquors which are more than thirty (30) days old, nor, do I owe any bills for the
purchase of fermented malt beverages which are more than fifteen (15) days old, nor, do I owe any Personal
Property tax to the City of Kenosha, Wisconsin.

Individual/Partner/Member Signature Date

Partner/Member Signature Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____



AFFIDAVIT – CLASS C WINE LICENSE
CLKCWL (rev. 11/17)

I, _____, being duly sworn, on oath, do hereby affirm that the business located at _____, is a restaurant in which the sale of alcohol beverages will account for less than fifty (50%) percent of gross receipts; and:

CHECK ONLY ONE:

- The restaurant does not have a barroom.**
- The restaurant has a barroom in which wine is the only intoxicating liquor sold.**

I understand a Class C Wine license may not be issued to a foreign corporation, a foreign liability company or a person acting as agent for or in the employ of another.

Individual/Partner/Member Signature Date

Partner/Member Signature Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____