

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
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
Community Development & Inspections: 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 Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06/30/20
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 23.00
TOTAL FEE	\$

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

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

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

1. Trade Name _____ Business Phone Number _____

2. Address of Premises _____ Post Office & Zip Code _____

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

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

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

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

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

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

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

TO BE COMPLETED BY CLERK

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

***THIS FORM IS REQUIRED FOR EACH: INDIVIDUAL, MEMBERS OF THE CORPORATION, & AGENT (MAKE COPIES AS NECESSARY).**

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	
Email					

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.

DL#: _____

Issuing State: _____

(Signature of Named Individual)

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

Submit to municipal clerk.

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

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

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

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

located at _____

appoints _____
(name of appointed agent)

_____ *(home address of appointed agent)*

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

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

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

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

Place of residence last year _____

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

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

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

ACCEPTANCE BY AGENT

I, _____, 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.)



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: _____



**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: _____