

Excise Tax Unit
 Wisconsin Department of Revenue
 PO Box 8900
 Madison WI 53708-8900
 (608) 266- 6701
 Fax (608) 261-7049

Application for Vessel Permit

DEPARTMENT USE ONLY

Tax Account Number
Date of Issuance

Date	Telephone Number ()	Seller's Permit Number	Federal Employer Identification Number (FEIN) ____ - ____ - ____ or ____ - ____ - ____	Social Security Number
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Under the provisions of Secs. 125.27(2) and 125.51(5)(c), Wis. Stats. application is being made for

- Class "B" fermented malt beverage
 "Class B" intoxicating liquor to sell alcohol beverages at retail on the following described vessel:

"Class B" permit applicants must also apply for Class "B" permits

Section A

Owned and Operated By		Name of Vessel	
Regular Place of Mooring	Passenger Capacity	U.S. Coast Guard Certification Number/American Bureau of Shipping Class or Verification of Liability Insurance	
From the	day of	20	through the
			day of
			20

Section B

APPLICANT: Individual Partnership Corporation Limited Liability Company (LLC)

INDIVIDUAL OR PARTNERSHIP: (If a partnership, all partners must be listed)

Name (Last)	(First)	(M.I.)	SS#	Home Address
Name (Last)	(First)	(M.I.)	SS#	Home Address
Name (Last)	(First)	(M.I.)	SS#	Home Address

Name of Corporation/Limited Liability Company _____ State and Date of Incorporation/Registration _____

Is applicant corporation a subsidiary of any other corporation or Limited Liability Company?
 Yes No If Yes, indicate Name: _____

OFFICERS AND DIRECTORS – AN AGENT MUST BE APPOINTED.

President/Member Last Name	(First)	(M.I.)	SS#	Home Address
Vice President/Member Last Name	(First)	(M.I.)	SS#	Home Address
Secretary/Member Last Name	(First)	(M.I.)	SS#	Home Address
Treasurer/Member Last Name	(First)	(M.I.)	SS#	Home Address
Agent Last Name	(First)	(M.I.)	SS#	Home Address

Section C

Mailing Address	State	Zip
Describe area where beer and/or liquor will be served and stored.		
Name owner of bar fixtures and state terms of lease or rental.		
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] <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the applicant understand that fermented malt beverages and intoxicating liquors may be sold only if the vessel leaves its place of mooring? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? If Yes, attach a detailed explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section D

Does the applicant, any member of the partnership, officer, director, stockholder or agent hold any interest in any other retail beer and/or liquor license or wholesaler beer permit or liquor wholesaler permit in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, identify:				
Name (Last)	(First)	(M.I.)	Location	Type of License / Permit
Does any retail alcohol beverage licensee, wholesale beer permittee or wholesale liquor permittee or any officer, director, stockholder of such permittee or licensee have any interest in this License? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, identify:				
Name (Last)	(First)	(M.I.)	Location	Type of License

Section E

RENEWAL APPLICANTS ONLY:	
Did the sale of fermented malt beverages and intoxicating liquors on the vessel account for less than 50% of the gross receipts of all the food and beverages served on the Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant understand that any permit issued will be void and subject to revocation if indebted in excess of 15 days for fermented malt beverages or 30 days for intoxicating liquors? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section F

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 a revocation of this license.

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

NOTES:

- Fees for vessel permits for Class "B" Beer and "Class B" intoxicating liquor permits:
 - Business tax registration fee (if applicable): \$20.00
 - Liquor – 2 years \$600.00
 - Beer – 2 years \$200.00
- These fees come due for renewal every 2 years.
- The fee for a permit for less than 12 months shall be prorated according to the number of months or fraction thereof for which the permit is issued.
- An individual, or one member of a partnership, or officer, director of a corporation applying for a permit to sell alcohol beverages must complete a separate "Auxiliary Questionnaire" (page 3).
- The schedule for "Appointment of Agent" (page 4) must be completed and submitted with this application.
- The corporation must notify the department immediately of a change of agent and remit a fee of \$10.

Auxiliary Questionnaire

To be completed by an individual, or one partner, member, or officer, director, applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title
Date of Birth	Place of Birth	Business or Occupation for Past Three Years	

- Yes No Have you been a continuous resident of Wisconsin for at least 90 days prior to the date of this application?
- Yes No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
 If Yes, check type violated → Federal State Municipal Ordinance
 (Attach explanation of any Yes answer.)
- Yes No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
 (If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)
- _____
- _____
- _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Your Signature ►	Date
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Auxiliary Questionnaire

To be completed by an individual, or one partner, member, or officer, director, applying for a permit to sell alcohol beverages.

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 (Attach explanation of any Yes answer.)
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- _____
- _____
- _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Your Signature ►	Date
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AT-212: Schedule for Appointment of Agent

Each corporation or limited liability company applying for a Class "B" fermented malt beverage and/or "Class B" intoxicating liquor permit under Secs. 125.27(2) and 125.51(5)(c), Wis. Stats. must appoint an agent pursuant to Sec. 125.04(6), Wis. Stats.

- The agent must complete and sign Section 1.
- The appointment (Section 2) must be signed by an officer of the corporation/limited liability company.
- The agent must also sign Section 3 once Section 2 is completed.
- The approval (Section 4) must be made by the proper local official.
- The agent must complete the responsible beverage server training course.

Section 1

Name (Last)	(First)	(M.I.)	Address	Date of Birth
Name of Corporation / Limited liability company			Official Capacity	
Occupation				
Have you been a continuous resident of Wisconsin for at least 90 days prior to the date of appointment of agent?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a violation of federal law?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Local ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No				State law? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain fully any question answered Yes.				
Have you completed the responsible beverage server training course?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>I declare under the penalties of the law that the above information is true, correct and complete.</i>				
AGENT SIGN HERE	Signature			Date

Appointment of Agent

Section 2

_____ appoints _____ as agent in accordance with Sec. 125.04(6), Wis. Stats., subject to the approval of the Department of Revenue.		
OFFICER SIGN HERE	Signature	Date

Acceptance by Agent

Section 3

I hereby accept appointment as agent for _____ and assume full responsibility for the conduct of the business relative to Fermented Malt Beverages and Intoxicating Liquor.		
AGENT SIGN HERE	Signature	Date

Approval of Agent

Section 4

The agent appointed above must be approved by the licensing authority Per Sec. 125.04(6)(a), Wis Stats.	The appointment above is herewith approved. _____ WI, _____ 20 ____ _____ (Signature of Official) _____ Title
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