

Excise Tax Unit  
 Wisconsin Department of Revenue  
 PO Box 8900  
 Madison WI 53708-8900  
 (608) 261- 6435  
 Fax (608) 261-7049

# AT-107: Application for Sports Club Permit for Alcohol Beverage License

**DEPARTMENT USE ONLY**

Tax Account Number
Date of Issuance

Date	Telephone Number (      )	Seller's Permit Number	Federal Employer Identification Number (FEIN) _____ - _____
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We hereby apply for a state country club permit to sell at retail  intoxicating liquor,  fermented malt beverages, on the premises described below from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ through the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

<b>APPLICANT</b> (Print) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other: _____			
Club Name			Date and Place of Organization
Address of Premises	City	State	Zip
Mailing Address	City	State	Zip

<b>OFFICERS, DIRECTORS, AND MEMBERS:</b>				
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/Member Last Name	(First)	(M.I.)	SS#	Home Address

**LOCATION AND DESCRIPTION OF PREMISES:** (All parts of the premises occupied by the applicant and used in conjunction with the conduct of the business for which application is made must be included in the description of the premises to be licensed; alcohol beverages may be sold and stored only on the premises described.)

<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City    of _____	County
Physical description of buildings and area in which alcohol beverages will be dispensed or stored.	
Legal description (as filed with Register of Deeds) of entire premises owned or used in connection with club operations.	
Date premises described above were first occupied by applicant.	

Are Premises <input type="checkbox"/> Owned or <input type="checkbox"/> Leased	If leased, give name and address of owner.
Does the Club 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 5630d) before beginning business? [phone 1-800-937-8864] <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Club Membership	Who owns bar fixtures?
Annual Membership Fee	Are club facilities available to non-members on a daily or weekly fee basis except as specifically invited guests of dues-paying members of this club? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain.
Type of sport club is engaged in: <input type="checkbox"/> Golf <input type="checkbox"/> Tennis <input type="checkbox"/> Yachting <input type="checkbox"/> Curling <input type="checkbox"/> Ski Jumping	
Are all Alcohol Beverages sold on the premises purchased in the name of the club? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain.	Are all daily bar receipts deposited to the account of the club? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain.

Are all persons selling or serving alcohol beverages employees of the club whose salaries are paid from club accounts by the club treasurer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain.	Does anyone receive a percentage of the profits of the bar as wages? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain.	
Does the club lease or assign the bar operation to anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain.		
Has the club made application to it's municipal authorities for a Class "B" fermented malt beverage license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Application	Date License Granted	Date License Denied
If the municipality has not or will not issue a Class "B" fermented malt beverage license to the club, explain why:		
Does the club have any bills of more than 15 days outstanding to any brewer or beer wholesaler?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the club have any liquor bill of more than 30 days outstanding to any liquor wholesaler?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the officers of the club understand that any license issued to the club will be void and subject to revocation if the club is indebted in excess of 15 days beyond the date of this application for fermented malt beverages or 30 days for intoxicating liquor?		<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_ and \_\_\_\_\_  
 declare under the penalties of law that they are the president and secretary, respectively, of the club named in this application which is organized solely to engage in the specified sport indicated and that they have read each of the questions on the application and believe that the answers are true and complete to the best of their knowledge.

**SUBSCRIBED AND SWORN TO BEFORE ME**

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
 \_\_\_\_\_  
 (Notary Public)

\_\_\_\_\_  
 President/Member of Limited Liability Company  
 \_\_\_\_\_  
 Secretary/Member of Limited Liability Company

My Commission expires \_\_\_\_\_

**NOTES:** The annual fee for a sports club intoxicating liquor permit is \$300. Sports Club intoxicating liquor permits are issued for a 2 year period, therefore \$600 is due with the application and upon each renewal of the permit.

To obtain a fermented malt beverage license contact your local municipality. If none is available through your municipality, you can obtain a fermented malt beverage permit through the Department of Revenue for an annual fee of \$100 (\$200 for the 2-year period).

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.

Each officer must complete and sign one of the Auxiliary Questionnaires on page 3. Make additional copies as needed.

The schedule for appointment of Agent, page 4, must be completed and signed by the agent and by the president/member and secretary/member of the club. The agent must be approved by the proper licensing authority, per sec. 125.04(6)(a), Wis. Stats.

The club must notify the department immediately of a change of agent and remit a fee of \$10.

## AT-107: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent 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 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 employe 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.*

**Your Signature** ► \_\_\_\_\_ Date \_\_\_\_\_

AT-107 (R. 3-18)

Wisconsin Department of Revenue

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Schedule for Appointment of Agent

Each club applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, the appointment must be signed by the president and secretary of the club, and the appointment must be approved by the proper local official.

Name (Last)	(First)	(M.I.)	Date of Birth
Street Address	City	State	Zip
Name of Club			
Are you of legal drinking age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupation	
Have you been a continuous resident of Wisconsin for at least 90 days prior to the date of appointment as 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    State law? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Local Ordinance? <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>			
<b>AGENT SIGN HERE</b>	Signature		Date

### Appointment of Agent

_____ appoints _____ as Agent in accordance with Sec. 125.04(6), Wis. Stats., subject to the approval of the Department of Revenue.		
<b>PRESIDENT/MEMBER SIGN HERE</b>	Signature	Date
<b>SECRETARY/MEMBER SIGN HERE</b>	Signature	Date

### Acceptance by Agent

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.		
<b>AGENT SIGN HERE</b>	Signature	Date

### Approval of Agent

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