

Excise Tax Unit
 Wisconsin Department of Revenue
 PO Box 8900
 Madison, WI 53708-8900
 Phone: (608) 266-6701
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AT-107: Application for Sports Club or Racetrack Permit

DEPARTMENT USE ONLY

Tax Account Number
Date of Issuance

Date	Phone Number	Seller's Permit Number (15 digits)	FEIN or Social Security Number
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We hereby apply for a state (choose one) **sports club** **racetrack** permit to sell intoxicating liquor fermented malt beverages at retail on the premises described below.

Two-year period Six-month period beginning: _____

APPLICANT (Print) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____				
Applicant Name			Date and Place of Organization	
Address of Premises		City	State	Zip
Mailing Address		City	State	Zip

OFFICERS, DIRECTORS, AND MEMBERS				
President / Member Last Name	(First)	(M.I.)	Social Security Number	Home Address
Vice President / Member Last Name	(First)	(M.I.)	Social Security Number	Home Address
Secretary / Member Last Name	(First)	(M.I.)	Social Security Number	Home Address
Treasurer / Member Last Name	(First)	(M.I.)	Social Security Number	Home Address
Agent / Member Last Name	(First)	(M.I.)	Social Security Number	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 permitted; 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
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Physical description of buildings and area in which alcohol beverages will be dispensed or stored.

Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the [Alcohol and Tobacco Tax and Trade Bureau \(TTB\)](#) by filing [TTB 5630.5d - Alcohol Dealer Registration](#) before beginning business? Yes No

Has the club or racetrack made application to its municipal authorities for a Class "B" fermented malt beverage license? Yes No

Date of Application	Date License Granted	Date License Denied
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If the municipality has not or will not issue a Class "B" fermented malt beverage license to the club or racetrack, explain why:

Does the applicant have any bills of more than 15 days outstanding to any brewer, brewpub, or beer wholesaler? Yes No

Does the applicant have any intoxicating liquor bill of more than 30 days outstanding to any intoxicating liquor wholesaler? Yes No

Does the applicant understand that any permit issued will be void and subject to revocation if the permittee is indebted in excess of 15 days beyond the date of this application for fermented malt beverages or 30 days for intoxicating liquor Yes No

SPORTS CLUB ONLY

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 applicant own their own bar fixtures? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Total Club Membership 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.
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Type of sport club is engaged in:

Golf Tennis Yachting Curling Ski Jumping

Are all alcohol beverages sold on the premises purchased in the name of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.	Are all daily bar receipts deposited to the account of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.
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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.
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Does the club lease or assign the bar operation to anyone else? Yes No If yes, explain.

RACETRACK ONLY

Name of Racetrack Grounds	Concession Stand Number
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Are the racetrack grounds at least 300 acres and contain a motor vehicle racetrack at least 4 miles in length? Yes No

Is the applicant the owner or operator of the racetrack grounds? Yes No If no, attach authorization to operate on premises from the racetrack grounds owner or operator.

Racetrack Grounds Representative Name	Representative Phone Number	Representative Email Address
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_____ declares under the penalties of law that the applicant is an officer of the
 (Please Print / Type Name of Officer / Member of Limited Liability Company)
 club or racetrack named in this application which is organized solely to engage in the specified sport indicated, has read each of the questions on the application and believes that the answers are true and complete to the best of the applicant's knowledge.

(Signature of Officer / Member of Limited Liability Company)

Permit Fee Schedule

Permits are issued for a two-year period. Fees listed below are due upon application and with each biennial renewal.

	Sports Club	Racetrack
Intoxicating Liquor Permit	\$600	\$300
Fermented Malt Beverage Permit	\$200	\$100

Completing the Application

Each individual, partner, member, officer, director, and agent must complete and sign the Auxiliary Questionnaire on page 3.

The appointed agent and one officer/member of the club or racetrack must complete and sign the Schedule for Appointment of Agent on page 4. The agent must be approved by the proper licensing authority per sec. 125.04(6)(a), Wis. Stats.

The club or racetrack must notify the department immediately of a change of agent using [Form AT-201](#), *Appointment of Successor Agent – Permit Holder*.

Submit the completed application, auxiliary questionnaires, and agent appointment schedule by fax at (608) 261-7049 or to the mailing address below. Do not email your application materials.

Excise Tax Unit
Wisconsin Department of Revenue
PO Box 8900
Madison, WI 53708-8900

Contact Us

Call or email us with questions relating to this application:

- Phone: (608) 266-6701
- Email: DORExciseTaxpayerAssistance@wisconsin.gov

Auxiliary Questionnaire

Submit a completed questionnaire for each individual, partner, member, and corporate officer, director, and agent.

Name (Last, First, M.I.)			Social Security Number
Home Address	City	State	Zip Code
Email Address	Phone Number	Date of Birth	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you resided in Wisconsin for at least 90 continuous days prior to the date of filing this application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you applied for, or do you possess or hold, any interest, directly or indirectly, in any other Wisconsin alcohol beverage permits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of violating federal or state laws or local ordinances, except traffic violations unrelated to alcohol beverages?</p> <p style="margin-left: 20px;">If Yes, check type violated → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local</p> <p style="margin-left: 20px;">Describe the violation (nature, date, place, court, and disposition):</p> <p style="margin-top: 20px;">If you have been convicted of a felony for which you received a pardon, specify nature of felony, date, and place of pardon.</p> <p><i>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.</i></p>			
Your Signature ►			Date

Auxiliary Questionnaire

Submit a completed questionnaire for each individual, partner, member, and corporate officer, director, and agent.

Name (Last, First, M.I.)			Social Security Number
Home Address	City	State	Zip Code
Email Address	Phone Number	Date of Birth	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you resided in Wisconsin for at least 90 continuous days prior to the date of filing this application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you applied for, or do you possess or hold, any interest, directly or indirectly, in any other Wisconsin alcohol beverage permits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of violating federal or state laws or local ordinances, except traffic violations unrelated to alcohol beverages?</p> <p style="margin-left: 20px;">If Yes, check type violated → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local</p> <p style="margin-left: 20px;">Describe the violation (nature, date, place, court, and disposition):</p> <p style="margin-top: 20px;">If you have been convicted of a felony for which you received a pardon, specify nature of felony, date, and place of pardon.</p> <p><i>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.</i></p>			
Your Signature ►			Date

Schedule for Appointment of Agent

Each corporation or limited liability company applying for a permit to sell alcohol beverages 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 an officer or one member of a limited liability company, and the appointment must be made by the proper local official.

Name (Last)	(First)	(M.I.)	Address	Date of Birth
Name of Corporation/Limited Liability Company				
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 been convicted of violating federal or state laws or local ordinances other than traffic violations unrelated to alcohol beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Ordinances Indicate details of the violation, including nature of violation, date, place, court, and disposition:				
Have you completed the responsible beverage server training course? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>I declare under the penalties of law that the above information is true, correct and complete.</i>				
AGENT SIGN HERE	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.		
OFFICER/MEMBER SIGN HERE	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.		
AGENT SIGN HERE	Signature	Date

Approval of Agent

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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