

# AB-204: Limited Manufacturer Permit Application

*DEPARTMENT USE ONLY*

Permit Number
Period Covered
Date of Issuance

*Read instructions before completing application.*

Legal Name (Corporation, Limited Liability Company, Partnership, or Sole Proprietorship)			Federal Employer ID Number -	Social Security Number	
Business Name (DBA) (if different than Legal Name)				Telephone No. (    )	
Business Address (permit location)			Business located in		Business Telephone (    )
City or Post Office	State	Zip Code	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		County
Mailing Address (if different than Business Address)			City or Post Office		State    Zip Code

**FEE**  
\$20.00 Business Tax Registration

**GOVERNING STATUTE**  
Sec. 125.52, Wis. Stats.

1. Premises Description: Describe building or buildings where alcohol will be manufactured and stored.

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2. Organization (*check one*)

Sole Proprietor

Partnership: Indicate Type →     General     Limited     Limited Liability Partnership (LLP)

Wisconsin Corporation—Enter date incorporated: \_\_\_\_\_

Out-of-State Corporation—Are you registered to do business in Wisconsin?    Yes    No

Limited Liability Company—Enter date registered with Department of Financial Institutions: \_\_\_\_\_

Taxed as a:    Single member LLC disregarded as a separate entity     Partnership     Corporation

Nonprofit organization

Governmental Unit →    Federal     Wisconsin State     County     Local     Tribe

Other—Describe: \_\_\_\_\_

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3. Federal permit issued.

Type \_\_\_\_\_    Number \_\_\_\_\_    Date \_\_\_\_\_

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4. Have you taken over the business of another permittee?    Yes    No    If Yes, indicate name and address of predecessor.

Name \_\_\_\_\_

Address \_\_\_\_\_

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5. Profession or business.

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6. Purpose for which alcohol will be used. (*Describe in detail*)

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7. Estimated amount in gallons to be manufactured monthly.

**Declaration (All applicants complete this section)**

*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.*

Signature	Title	Date
Signature	Title	Date

**NOTE:** If applicant is a corporation, the president and the secretary must sign. If applicant is a partnership, two partners must sign. If a limited liability company, two members must sign unless the limited liability company only has one member.

# AB-204 Instructions – Limited Manufacturer Permit Application

## WHO NEEDS A LIMITED MANUFACTURER PERMIT

The department shall issue a limited manufacturer's permit which authorizes the use or sale of intoxicating liquor produced only if it is rendered unfit for use as a beverage and is used or sold for use as a fuel.

## LIMITED MANUFACTURER PERMIT FEES

There is not a fee associated with the limited manufacturer permit, however you will need a Business Tax Registration (BTR) permit. The fee for the BTR permit is \$20 with a \$10 renewal fee every two years. Only one BTR permit is required per entity. If you already have a BTR permit, you do not need another one. Send your completed application and payment to the mailing address below.

Make check payable to: Wisconsin Department of Revenue

You must also obtain a federal permit. No production may begin until all required permits have been received. Send your request for a federal permit to: Bureau of Alcohol, Tobacco & Firearms, Federal Building, 1000 N. Water St. Ste. 1710, Milwaukee WI 53202. For questions regarding the federal permit requirements call 1-877-882-3277.

## FILING REQUIREMENTS

- Monthly reports are required to be filed by a holder of a limited manufacturer's permit only if ethanol is sold that month. All fuel used in a licensed motor vehicle, including alcohol or gasohol, is subject to Wisconsin's motor vehicle fuel tax.
- Annual alcohol fuel tax report must be filed to account for the disposition of the alcohol produced. This report is due whether or not there was production for the year.
- Failure to file either of these reports when due will result in a \$10 late filing penalty.

## DUE DATE

The annual report is due no later than July 31 for the previous period of July 1 through June 30.

## RECORDS

Each permittee must maintain records of production, inventory, and disposition of all alcohol manufactured for a minimum of four years. These records and the premise where the alcohol is produced or stored must be accessible for inspection by representatives of this department during normal working hours.

## ASSISTANCE

You can access the department's website 24 hours a day, 7 days a week, at [revenue.wi.gov](http://revenue.wi.gov). From this website, you can:

- Access *My Tax Account* (MTA)
- Complete electronic fill-in forms
- Download forms, schedules, instructions, and publications
- View answers to commonly asked questions
- Email us for assistance

### Physical Address

2135 Rimrock Road  
Madison WI 53713

### Mailing Address

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

Phone: (608) 266-6701

Fax: (608) 261-7049

Email: [excise@revenue.wi.gov](mailto:excise@revenue.wi.gov)