

Out-of-State Shipper of Liquor Permit Application

Fees	
BTR Fee	\$
Permit Fee	\$ 1,000
Background Check Fees	\$
Total Fees	\$

For DAB Use Only	
Permit #	Date Received

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietorship)			
2. Business Trade Name or DBA			3. FEIN
4. State of Organization	5. Date of Organization	6. Wisconsin DFI Registration Number (if applicable)	7. Business Activity (NAICS) Code
8. Business Type (<i>check one</i>)			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
9. If Limited Liability Company, federal income taxes will be filed as a: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Single member/disregarded entity			
10. Federal Permit Type (Attached Copy)		11. Federal Permit Number	
12. Premises Address			
13. City		14. State	15. Zip Code
16. County	17. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		18. Premises Phone
19. Premises Email		20. Website	
21. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, and related records are kept. Describe all rooms within the building, including living quarters, that will be part of the permitted premises. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
22. Mailing Address (if different from premises address)			
23. City		24. State	25. Zip Code

Part B: Criminal History		
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the nature of violation. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Excluding traffic offenses unless related to alcohol beverages, are any charges for any offense pending against the business? Yes No
 If yes, describe the nature and status of pending charges in the space below. Attach additional sheets if necessary.

Part C: Persons Affiliated With Business

1. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets if necessary.

Legal Name of Business Entity	Business Entity FEIN

2. Does the applicant business or do any of its officers, directors, members, agent, employees, owners, or other related individuals or entities have any interest in a Wisconsin-permitted or licensed alcohol beverage wholesaler or retailer? Yes No
 If yes, provide the name of the individual or entity and describe the nature of the interest.

3. List the name, title and ownership percentage below for each individual or entity holding the following positions in the applicant business listed in Part A. Attach additional sheets if necessary.

- Sole proprietor: individual's name and agent
- Partnership: all partners and agent
- Corporation and nonprofit organization: all officers, directors, and agent
- Limited liability company: all members, managers, and agent

* Form AB-300, *Personal Questionnaire*, and a \$7 background check fee, must be submitted with this application for each individual or business listed with any of the above roles, including individuals holding these roles for entities listed in Part C, Question 1. Any restricted investor listed in Question 2 must also complete AB-300.

* Also list below any private stockholders, shareholders, or other owners not otherwise listed.

Last Name or Entity Name	First Name	Title	Ownership Percentage (must total 100%)

Part D: Other Questions

1. Will the applicant be the primary source of supply for the alcohol beverages it will be shipping into Wisconsin? . . . Yes No

2. Will this business be the "importer of record" with U.S. Customs and Border Protection (CPB) of alcohol beverages received from outside the United States and shipped into Wisconsin? Yes No

3. Will the applicant business ship or invoice (sell) alcohol beverages into Wisconsin from any location other than the location applied for in this application? Complete a new Form AB-304 application for each location and complete 4 below. Yes No

4. Only one intoxicating liquor excise tax return should be filed by the applicant business with the Wisconsin Department of Revenue (DOR) per month. If you have more than one Wisconsin intoxicating liquor out-of-state shipper's permit, give the location or permit number DOR should associate with your consolidated monthly excise tax return.

Location or permit number: _____

5. A permittee under this section shall appoint and continually engage the services of an agent in this state to act as agent for the service of process. List the name, address, phone number of this agent and provide proof of the appointment and availability of the agent.

Agent Name	Agent Address	Agent Phone	Agent Availability

Part E: Security Calculation and Payment Method

1. Permit applicants must post security to qualify for this permit. How will the applicant satisfy this requirement? Surety Bond Check Cash

2. Will security be satisfied with a new bond or payment included with this application or an existing bond or payment already held by the Division of Alcohol Beverages? New Existing

3. Estimated Monthly Tax Liability (see instructions)	4. Security Amount	5. New or Existing Bond Number (if applicable)
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Note: The amount of security must be twice the applicant's estimated monthly tax liability, but not less than \$1,000 nor more than \$100,000. If new surety bond selected above, attach Form A-133 with the applicant's original wet signature.

Part F: Contact Person

Enter the person's information below for whom the division should contact with questions about this application.

1. Last Name	2. First Name	3. Relation to Applicant (owner, employee, legal counsel, etc.)
4. Email		5. Phone

Enter the information for the general contact who will be knowledgeable about the day-to-day activities of the premises (if different than above)

6. Last Name	7. First Name	8. Relation to Applicant (owner, employee, legal counsel, etc.)
9. Email		10. Phone

Part G: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, the signer agrees they:

- have answered each of the above questions completely and truthfully
- are acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the permit
- will not assign the rights and responsibilities conferred by the permit(s), if granted, to another individual or entity
- will to operate this business according to the law
- will comply with sec. 139.05 Wis. Stats., relating to filing a bond, filing returns, paying taxes, and record keeping
- will permit inspections and examinations of the permittee's premises and records by the division and its duly authorized employees, as authorized under sec. 125.025 (3) Wis. Stats.
- will pay the expenses reasonably attributable to the inspections and examinations made within the United States
- will accept service of process and consent to jurisdiction in any proceeding in this state to enforce the provisions of Chapters 125 and 139, Wis. Stats.
- understand that any permit issued contrary to Wis. Stats. Chapter 125 shall be void
- understand that they may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

Form AB-305 Instructions

Out-of-State Shipper of Liquor Permit Application

Who needs this permit?

Any person shipping intoxicating liquor from another state into Wisconsin must hold this permit. See [Fact Sheet 3102](#) for information on this permit.

Fee calculation

- The Business Tax Registration fee of \$20 is owed if the applicant has never registered with the Department of Revenue (DOR). No fee is due if the applicant is currently registered.
- The permit fee for this alcohol beverage permit is \$1,000 for a 2-year period.
 - If this 2-year cycle has already started due to an existing permit, a portion of the fee above may be prorated and refunded.
- The background check fee is \$7 for each sole proprietor, partner, officer, director, member, manager, and agent.
 - This fee is non-refundable.
 - If submitting multiple alcohol beverage permit applications, pay this fee only once per person.
- Submit all applicable fees above with the permit application documents.

SPECIFIC INSTRUCTIONS

Part A: Business Information

- Question 1: List the legal name of the business seeking permitting. This should be the business that will take the actions allowed by the permit.
- Question 2: (Optional)
- Question 3: List the social security number if applicant is an individual person and does not have a FEIN.
- Question 4: List the state where the applicant is legally organized.
- Question 6: List the [Wisconsin Department of Financial Institutions](#) ID Number if the applicant is registered with DFI.
- Question 7: See this link for a [Business Activity Code](#) lookup.
- Question 10-11: List the type of permit held through the Alcohol Tobacco Tax and Trade Bureau.
- Question 12 - 17: List the street address for the location where the applicant wants the permit to be issued. P.O. boxes are not acceptable.
- Question 18 – 20: List the contact information DOR should use to contact this specific location, rather than a corporate contact.
- Question 21: Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
 - **Example:** The premises is located at 1234 Main St., Realtown, WI, 12345, and includes only the warehouse, packaging line, and office of the 10,000 square foot building.
- Questions 22 - 25: (Optional) If mail should be delivered to an address other than the premises address, list that address here. P.O. boxes are acceptable.

Part B: Criminal History Questions

- Charges and convictions, including felony convictions, are not automatic disqualifiers to alcohol beverage permitting. Provide as much information as possible about any conviction or charge listed.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1), Wis. Stats. See the Department of Revenue's [Permit Predetermination Common Questions](#) for offenses that may prevent someone from holding a permit.

Part C: Persons Affiliated With Business

- Question 1: Describe if the applicant entity is owned, in whole or in part, by another entity that is not an individual person, such as an LLC or corporation. Attach an ownership tree if there are multiple ownership layers to describe.
- Question 2: Other related individuals or entities include manager and supervisors who are involved in day-to-day operations of the business.
- Question 3: Examples for Title description include sole proprietor, partner, president, CEO, LLC member, etc.

Part D: Other Questions

- Question 3: Each location invoicing or shipping alcohol beverages into WI must hold a separate permit.
- Question 4: Contact DORExcise@Wisconsin.Gov for assistance with tax returns.

Part E: Security Calculation and Payment Method

- Question 1: All applicants for this permit type must post security in order to qualify. Choose one of the three methods listed to satisfy this requirement.
- Question 2: If the applicant already has an alcohol beverage permit of the same tax type as this application (fermented malt beverages vs. intoxicating liquor) that security could be used to satisfy the security requirement of this application. If the applicant does not already have security posted with the division, new security is needed.

Alcohol Beverage Tax Type	Tax Rate per liter	Administrative fee per liter
Intoxicating Liquor	85.86¢	2.906¢
Wine ≤ 14% ABV	6.605¢	
Wine > 14% ABV ≤ 21 %	11.89¢	
Cider ≤ 7% ABV	1.71¢	

- Question 3: Estimate the applicant's monthly tax liability by estimating taxable volume and multiplying it by the applicable tax rate(s) below:
- Question 4: The amount of security must be twice the applicant's estimated monthly tax liability, but not less than \$1,000 nor more than \$100,000.
Example: If the estimated monthly tax liability is \$200, enter \$1,000 because twice the estimated monthly liability is less than the minimum of \$1,000 ($\$200 \times 2 = \$400 < \$1,000$).
- Question 5: If surety bond is selected in question 1, list the bond number provided by the insurance carrier.

Part F: Contact Person

- If any of the contact persons listed are not an authorized agent, submit Form A-222, *Power of Attorney*.

Part G: Attestation

- Read the attestation carefully, then sign and date.

Additional Forms and Documents

Submit the following forms or documents with this permit application.

- Form AB-300, *Individual Questionnaire*
- [Form A-133](#), *Surety Bond*, if supplying a bond
- [Form A-222](#), *Power of Attorney*, if the applicant is appointing a power of attorney
- The applicant's federal permit from the U.S. Dept of Treasury TTB

Submission

Mail this form, along with all required forms, documents, and payments to the address below:

Wisconsin Department of Revenue
Division of Alcohol Beverages
P.O. Box 8934
Madison, WI 53708-8934

Assistance

This form is designed by the Division of Alcohol Beverages. If you require assistance with this form, or if you have questions about alcohol beverage laws and regulations, you may contact the Division of Alcohol Beverages using the contact information below:

Website: [DOR Alcohol Beverage \(wi.gov\)](http://wi.gov)

Write: DORAlcoholPermits@wisconsin.gov

Call: (608) 266-2526