

Non-Beverage Alcohol Use
Permit Application

Fees

BTR Fee	\$
Permit Fee	\$
Background Check Fees	\$
Total Fees	\$

For DAB Use Only

Permit #	Date Received
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Permit Application Type

Industrial: ☐ Beer ☐ Wine ☐ Alcohol ☐ Sacramental Wine ☐ Medicinal Alcohol ☐ Wholesale Ethyl Alcohol

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 (*check one*)☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization9. If Limited Liability Company, federal income taxes will be filed as a: ☐ Partnership ☐ Corporation ☐ Single member/disregarded entity

10. Premises Address

11. City

12. State

13. Zip Code

14. County

15. Governing Municipality: ☐ City ☐ Town ☐ Village
of: _____

16. Premises Phone

17. Premises Email

18. Website

19. Premises Description – Describe the building or buildings and any outside areas where alcohol beverages are used, sold, stored, and related records are kept. Describe all rooms within the building 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.

20. Mailing Address (if different from premises address)

21. City

22. State

23. 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. ☐ Yes ☐ No
If yes, describe the nature of violation. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offense pending against the business? Excluding traffic offenses unless related to alcohol beverages ☐ 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 or ownership sheets if necessary.

Legal Name of Business Entity	Business Entity FEIN

2. 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, Question. Attach additional sheets if necessary.

- Sole proprietor: individual's name
- Partnership: all partners
- 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 listed with any of the above roles, including individuals holding these roles for entities listed in Part C, Question 1.

- Also list any stockholders, shareholders, or other owners not otherwise listed

*Form AB-101, *Appointment of Agent*, must be submitted with this application if the applicant business is a corporation or limited liability company.

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

Part D: Other Questions

1. Describe the applicant's business or profession

2. Describe how the applicant will use alcohol

Part E: 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 F: 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, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the permit. Further, I agree that the rights and responsibilities conferred by the permit(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this permit. I understand that any permit issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of state law. I further understand that I 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-307 Instructions

Non-Beverage Alcohol Use Permit Application

Who needs this permit?

Industrial: A person purchasing and using alcohol for industrial purposes must hold the industrial permit corresponding to the type of alcohol used.

Example: A food processor using wine in a prepackaged pasta sauce should hold an industrial wine permit.

Sacramental Wine: Organized religious bodies purchasing wine for their own sacramental use from permitted wineries, manufacturers, rectifiers, or wholesalers must hold a sacramental wine permit.

Medicinal Alcohol: A person purchasing and using alcohol for medicinal purposes must hold the medicinal alcohol permit.

Wholesale Alcohol Permit: A person selling ethyl alcohol of 190 proof or more to medicinal alcohol permittees or industrial alcohol permittees must hold the wholesale alcohol permit. This is a different authorization than the wholesalers permit applied for on forms AB-308 and AB-311

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 fee for the permits available in this application are due every 2 years as described in the table below.

Permit Type	Biennial Fee
Industrial Fermented Malt Beverages (s. 125.275 , Stats.)	\$200
Sacramental Wine (s. 125.56 , Stats.)	\$0
Wholesale (Ethyl) Alcohol (s. 125.60 , Stats.)	\$200
Medicinal Alcohol (s. 125.61 , Stats.)	\$0
Industrial Alcohol (s. 125.62 , Stats.)	\$200
Industrial Wine (s. 125.63 , Stats.)	\$200

- If this 2-year cycle has already started due to an existing permit, a portion of the fee 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.
 - No background check fee is due for sacramental wine permit applicants.
- Submit all applicable fees above with the permit application documents.

SPECIFIC INSTRUCTIONS

Part A: Business Information

- Question 1: List the legal name of the entity seeking the permit. This should be the entity 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.
- 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 10-15: List the street address for the location where the applicant wants the permit to be issued. P.O. boxes are not acceptable.
- Question 16-18: (Optional) List the contact information DOR should use to contact this specific location, rather than a corporate contact, if applicable.

- Question 19: Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed 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 production facility, canning line, first-floor tasting room, dining room, kitchen, north storage room, and south office of the 10,000 square foot building.

- Questions 20-23: (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: Examples for title field include sole proprietor, partner, president, CEO, LLC member, etc.

Part D: Other Questions

- Question 1: Generally describe the type of business the applicant conducts.
- Question 2: Specifically describe how the applicant intends to use alcohol during its course of business.

Part G: Contact Person

- Provide contact information for the person the division should contact with questions on this permit application. This could be an owner, employee, attorney, or other representative.

Part H: 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, *Personal Questionnaire*
- Form AB-101, *Appointment of Agent*, if the applicant is an LLC or corporation
- [Form A-222](#), *Power of Attorney*, if the applicant is appointing a power of attorney
- The applicant's federal permit from the U.S. Department of Treasury TTB, if one is held

Submission

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

Wisconsin Department of Revenue
Division of Alcohol Beverages
PO Box 8934
Madison WI 53708-8934

Applications may be shipped expedited/overnighted to the following physical address:

Wisconsin Department of Revenue
Division of Alcohol Beverages
2135 Rimrock Rd
Madison WI 53713
MS 5-DAB

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