

Qualifying Event Venue Certification  
Application

Application Date

## For DAB Use Only

Date Received

Submit this application by March 2, 2026,  
to notify the Division that the applicant will apply for  
a "Class B" liquor license.

## Part A: Venue Information

1. Legal Business Name (individual name if sole proprietorship)

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

5. Wisconsin Business Tax Registration Number

6. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☐

Corporation

☐

Nonprofit Organization

7. State of Organization

8. Date of Organization

9. Wisconsin DFI Entity ID (if applicable)

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. Mailing Address (if different from premises address)

20. City

21. State

22. Zip Code

## Part B: Interest Restrictions

1. Does the applicant hold an alcohol beverage producer or distributor permit? . . . . . ☐ Yes ☐ No2. Does the applicant serve as an officer, manager, member, director, or agent for an alcohol beverage production  
or distributor permittee? . . . . . ☐ Yes ☐ No3. Does the applicant hold an ownership interest of more than 10% in an alcohol beverage producer or distributor  
permittee? . . . . . ☐ Yes ☐ No4. Does the applicant hold an ownership interest of 10% or less in an alcohol beverage producer or distributor  
permittee? . . . . . ☐ Yes ☐ No  
If yes, fill out Form [AB-104a](#) or [AB-104b](#), *Restricted Investor Affidavit*, and attach to this application.5. Does the applicant hold any other interest in an alcohol beverage producer or distributor permittee? . . . . . ☐ Yes ☐ No  
If yes, describe the nature of the interest below. Attach additional sheets if necessary.

**Part C: Questions**

1. Did 5 or more events, each with at least 50 guests attending, take place at the venue identified in Part A in the 12 months immediately preceding this application? ..... ☐ Yes ☐ No
2. Did the events described in question 1 generate at least \$20,000 in revenue from renting or leasing the venue? ☐ Yes ☐ No
- ▶ Attach invoices, contracts, or agreements to this application as proof that the criteria in questions 1 and 2 are met.
3. Has this event venue been a "Class B" liquor licensed premises at any time in the 12 month period immediately preceding the date of this application? ..... ☐ Yes ☐ No
4. Does the municipality that governs this event venue have any "Class B" liquor licenses available due to the quota imposed under Wisconsin Law? ..... ☐ Yes ☐ No
- ▶ Attach a completed Form AB-511, *Qualifying Event Venue Certification Municipal Affidavit*, as proof that the criteria in questions 3 and 4 are met.
5. Has the applicant applied for or currently hold a No-Sale Event Venue permit? ..... ☐ Yes ☐ No

**Part D: Contact Person**

Below enter the person's information 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 E: Attestation**

One of the following representatives of the business seeking a "Class B" liquor license 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 certification. Further, I agree that the rights and responsibilities conferred by the certification, if granted, will not be assigned to another individual or entity.

1. Qualifying event venue certification, if granted, does not guarantee I will be issued an above-quota "Class B" liquor license by the municipality that governs my venue.
2. I must apply for and be approved to hold a "Class B" liquor license by the municipality that governs my venue no later than August 1, 2026 before I can begin sales and service of alcohol beverages at my venue, unless I currently hold another alcohol beverage license that authorizes on-premises consumption.
3. The venue identified in this application will be or is in operation on January 1, 2026. The Division of Alcohol Beverages will take action to verify that the venue is in operation as certified in this application.
4. An above-quota "Class B" liquor license issued to a qualifying event venue under s. 125.51(4)v.5., Wis. Stats., is valid only for the venue that received certification from the Division of Alcohol Beverages and may not be transferred or sold. An above-quota "Class B" liquor license issued to a qualifying event venue may be re-issued to a new person for the same location as long as the new person meets the original criteria to hold the license under s. 125.24(5).

I understand that any certification or license 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-510 Instructions

## Qualifying Event Venue Application

### Who needs this authorization?

A Wisconsin event venue seeking certification as a qualifying event venue for purposes of obtaining an above quota "Class B" liquor license from a municipality should use this application. The municipality where the business is located must be at their quota of "Class B" liquor licenses in order to issue an above-quota license to a qualifying event venue under sec. [125.51\(4\)\(v\)5](#). Wis. Stats.

### Fee calculation

- This application does not require any fee.

## SPECIFIC INSTRUCTIONS

### Part A: Venue 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: This is a 15-digit number starting with "456".
- Question 5: This is a 15-digit number starting with "600".
- Question 7–8: List the state and date where the applicant legally organized.
- Question 9: List the [Wisconsin Department of Financial Institutions](#) Entity ID if the applicant is registered with DFI.
- Question 10–15: List the address of the property seeking certification.
- Question 16–17: List the contact information DOR should use to contact this specific location, rather than a corporate contact.
- Question 18: Copy the URL to any public facing website operated by the applicant representing the business.
- Question 19–22: List the address where mail should be sent, if different than the premises address.

### Part B: Interest Restrictions

- Question 1: Indicate if the applicant has any producer permit (brewery, winery, manufacturer, etc.) or wholesaler permit (beer wholesaler, liquor wholesaler, or alcohol beverage warehouse).
- Question 4: See DAB's website for additional forms, including [AB-104a](#) or [AB-104b](#).

### Part C: Other Questions

- Question 1–2: Include documentation, such as invoices, contract, agreements or any other related files to support answers to these questions.
- Question 3–4: For assistance responding to these questions, consult the city, town, or village government where the business is physically located.
- Question 5: Wisconsin law prohibits a person from holding a normal "Class B" liquor license and a No-Sale Event Venue permit.

### Part D: 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 E: Attestation

- Read the attestation carefully, then sign and date.

## Additional Forms and Documents

Submit the following forms or documents with this permit application.

- Relevant records to substantiate response to Part C, question 1 & 2
- Form AB-511, *Qualifying Event Venue Certification Municipal Affidavit*, completed by the municipality where the applicant is located
- [Form A-222](#), *Power of Attorney*, if the applicant is appointing a power of attorney

## Submission

Email applications and supporting documents as attachments to: [DORAlcoholPermits@wisconsin.gov](mailto:DORAlcoholPermits@wisconsin.gov)

Applications may be physically mailed 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 53708  
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](mailto:DORAlcoholPermits@wisconsin.gov)

**Call:** (608) 266-2526