

Qualifying Event Venue  
Certification Municipal Declaration

## DECLARATION OF

Full Name of Declarant

I, \_\_\_\_\_, hereinafter referred to as Declarant, attest that to the best of my knowledge:

Full Name of Declarant

1. Declarant is the clerk or their designee\*, of the ☐ City ☐ Town ☐ Village of \_\_\_\_\_  
(hereinafter referred to as The Municipality) which governs the event venue located at \_\_\_\_\_

Name of Municipality

Event Venue Address

that is operated by \_\_\_\_\_.

Legal Business Name of Venue Operator

2. The Municipality has not issued a "Class B" liquor license for the property located  
at \_\_\_\_\_ in the previous 12 months.

Event Venue Address

3. The Municipality has reached its quota on "Class B" liquor licenses per. s. 125.51(4), Wis. Stats.

4. Declarant understands that an above-quota "Class B" liquor license issued under s. 125.51(4)v.5., Wis. Stats. to a qualifying event venue, if surrendered, revoked, or non-renewed may not be re-issued as a normal "Class B" liquor license under s.125.51(4), Wis. Stats. A license issued under s. 125.51(4)v.5., Wis. Stats., may be re-issued only to a new person for the same location provided the new person meets the requirements under s. 125.24(5), Wis. Stats., and operates the location as an event venue.

5. The foregoing is true and correct to the best of my knowledge.

Declarant Signature			Date	
Declarant Last Name		First Name		M.I.
Municipal Address		City	State	Zip Code
Declarant Title	Declarant Email		Declarant Phone	

# Form AB-511 Instructions

## *Municipal Declaration for Qualifying Event Venue Certification*

### **What is the purpose of this form?**

Wisconsin law generally prohibits municipalities from issuing any “Class B” liquor license beyond the limits described in sec. [125.51\(4\)\(b\)](#) Wis. Stats. Municipalities may issue a “Class B” liquor license above this quota to an event venue certified by the division under sec. [125.24\(5\)\(b\)](#) Wis. Stats., as a “qualifying event venue.” The division may only certify event venues as eligible for this quota exception if they have not been a “Class B” liquor licensed premises in the past 12-month period and the municipality in which the event venue is located would otherwise be prohibited from issuing the owner a “Class B” license due to quota limitations.

The purpose of this form is for a municipality to assist the applicant and division to ensure certification qualification by attesting to the facts described.

### **Who should complete this form?**

This form should be completed by a representative of the municipality, not the event venue applying for certification. See *Specific Instructions* for more detailed information about who should sign the form.

### **When do I complete this form?**

Municipalities should complete this form in conjunction with a business within their jurisdiction who is seeking certification as a qualifying event venue from the division.

### **When do I submit this form?**

Provide a copy of the completed document to the business seeking certification as a qualifying event venue. Do not submit directly to the division, unless requested by the division.

### **Specific Instructions**

#### *Declarant:*

- The declarant is the individual completing this form and who attests to the truthfulness and correctness of the information alleged in the declaration.
- \* The declarant is the municipal clerk or their designee, unless the clerk’s office is vacant.
  - Designees may include a municipal attorney, deputy clerk, or other representative, who is knowledgeable about the statements in the declaration.
  - If the clerk’s office is vacant, the municipal governing body may designate the appropriate official to complete the declaration.
- Enter your full name in the box at the top of the form and in the first sentence on the form.

#### *Statement 1:*

- Check the box and fill in the blanks to describe the location and business name of the qualifying event venue certification application.

#### *Statements 2 and 3:*

- Read the declaration statements in their entirety and ensure that you understand the document fully. You must find the contents of the declaration to be truthful, complete, and correct prior to signing.

#### *Signature*

- If all statements in the declaration are complete and truthful, sign and date the form.
- Complete all fields in the signature block so the division may contact you with any questions.

### **Assistance**

This form is designed by the Wisconsin Division of Alcohol Beverages for use by the Division.

If you have questions about this form or any Wisconsin 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://DORAlcoholBeverage.wi.gov)

Write: [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

Call: (608) 266-2526