

Excise Tax Unit
 Wisconsin Department of Revenue
 PO Box 8900
 Madison WI 53708-8900
 (608) 266-6701
 Fax (608) 261-7049

AT-105: Application for Airport/Public Facility Permit

DEPARTMENT USE ONLY

Tax Account Number
Date of Issuance

Date	Telephone Number ()	Seller's Permit Number	Federal Employer Identification Number (FEIN) ____ - ____ - ____	Social Security Number (If you do not have a FEIN number) ____ - ____ - ____
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SECTION 1 – To be completed by Chairperson and Clerk of Municipality or County

Under the provisions of secs. 125.51(5)(b), Wis. Stats. and a resolution passed by the governing body of (municipality) _____ or (county) _____ (a copy of which is attached), application is being made for a "Class B" intoxicating liquor permit for use on the following described premises which is:

A. Owned and Operated by	Known as		
Address of Premises	Located in the: <i>(Check One)</i> <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of		
Mailing Address	City	State	Zip
From the _____ day of _____ 20____ through the _____ day of _____ 20____			

B. APPLICANT: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)				
INDIVIDUAL OR PARTNERSHIP: (If a partnership, all partners must be listed)				
Name (Last)	(First)	(M.I.)	SS#	Home Address
Name (Last)	(First)	(M.I.)	SS#	Home Address
Name (Last)	(First)	(M.I.)	SS#	Home Address
Name of Corporation/Limited Liability Company				State and Date of Incorporation/Registration
Is applicant corporation a subsidiary of any other corporation or Limited Liability Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate corporate name or name of Limited Liability Company: _____				
OFFICERS AND DIRECTORS – AN AGENT MUST BE APPOINTED.				
President/Member Last Name	(First)	(M.I.)	SS#	Home Address
Vice President/Member Last Name	(First)	(M.I.)	SS#	Home Address
Secretary/Member Last Name	(First)	(M.I.)	SS#	Home Address
Treasurer/Member Last Name	(First)	(M.I.)	SS#	Home Address
Agent Last Name	(First)	(M.I.)	SS#	Home Address
Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)				

**The fee in the amount of \$600 is payable every 2 years to the Wisconsin Department of Revenue. Also include \$20 BTR fee (if applicable).
 The fee for a permit for less than 12 months shall be prorated according to the number of months or fraction thereof for which the permit is issued.**

Declaration		
_____, Chairperson of the governing body of _____ and _____, Clerk of said body, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.		
Chairperson	Clerk	Date

SECTION 2 – To be completed by Concessionaire

Name owner of bar fixtures and state terms of lease or Rental.

Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade bureau (TTB) by filing (TTB Form 5630.5d) before beginning business? [phone 1-877-832-3277] Yes No

Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? Explain Yes answer in detail. Yes No

Does the applicant, any member of the partnership, officer, director, stockholder, member, or agent hold any interest in any other retail beer and/or liquor license or wholesale beer permit or liquor permit in Wisconsin? Yes No

If Yes, identify:

Name	Location	Type of License/Permit

Does any retail alcohol beverage Licensee, wholesale beer permittee or wholesale liquor permittee or any officer, director, stockholder, member, of such permittee or licensee have any interest in this permit? Yes No

If Yes, identify:

Name	Location	Type of License / Permit

Does the applicant understand that any permit issued will be void and subject to revocation if indebted in excess of 15 days for fermented malt beverages or 30 days for intoxicating liquors? Yes No

(Signature of President of one Corp or one Partner/Individual/Member of Limited Liability Company)

SECTION 3 – Approval by Law Officer

I, _____, chief law enforcement officer of _____, have searched the records maintained _____ (Municipality in which the airport or public facility is located) by my department and have contacted the Wisconsin Crime Information Bureau. I know of no reason a retail "Class B" intoxicating liquor permit should not be issued to _____ to operate at the _____ (Name of corporate officer(s), member(s) / manager(s) of limited liability company or agent to be permitted) _____ (Name of airport or public facility).

(Signature of Officer)

(Title of Officer)

AT-105: Auxiliary Questionnaire

To be completed by each individual, partner, member, or officer, director, and agent applying for a permit to sell alcohol beverages.

Name (Last)	(First)	(M.I.)	Title
Date of Birth	Place of Birth	Business or Occupation for Past Three Years	

Yes No Have you ever been convicted of violating federal or state laws or any municipal ordinance?
If Yes, check type violated → Federal State Municipal Ordinance
(Attach explanation of any Yes answer.)

Yes No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

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.

Your Signature ► _____ Date _____

AT-105 (R. 11-19)

Wisconsin Department of Revenue

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(Attach explanation of any Yes answer.)

Yes No Are you an officer, director, agent or employee of any person, member or Limited Liability Company, or corporation holding or applying for any other license or permit to sell alcohol beverages in Wisconsin?
(If Yes, identify by name of licensee or permittee, class of license or permit, and municipality.)

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Your Signature ► _____ Date _____

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Wisconsin Department of Revenue

Schedule for Appointment of Agent

Each corporation or Limited Liability Company applying for a permit to sell intoxicating liquor must appoint an agent pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, the appointment must be signed by the president or one member of a Limited Liability Company, and the appointment must be made by the proper local official.

Name (Last)	(First)	(M.I.)	Address	Date of Birth
Name of Corporation/Limited Liability Company				
Occupation				
Have you been a continuous resident of Wisconsin for at least 90 days prior to the date of appointment as agent? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of violating federal or state laws or local ordinances other than traffic violations unrelated to alcohol beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, check type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Ordinances				
Indicate details of the violation, including nature of violation, date, place, court, and disposition:				
Have you completed the responsible beverage server training course? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>I declare under the penalties of law that the above information is true, correct and complete.</i>				
AGENT SIGN HERE	Signature			Date

Appointment of Agent

_____ appoints _____ as agent in accordance with sec. 125.04(6), Wis. Stats., subject to the approval of the Department of Revenue.		
PRESIDENT/MEMBER SIGN HERE	Signature	Date

Acceptance by Agent

I hereby accept appointment as agent for _____ and assume full responsibility for the conduct of the business relative to fermented malt beverages and intoxicating liquor.		
AGENT SIGN HERE	Signature	Date

Approval of Agent

The agent appointed above must be approved by the licensing authority per sec. 125.04(6)(a), Wis. Stats.	The appointment above is herewith approved. _____ WI, _____ 20 ____ <div style="text-align: center;">(Signature of Official)</div> <div style="text-align: center;">(Title)</div>
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