

# Appointment of Successor Agent – Permit Holder

Submit this form to the department using the contact information below.

If there is a change in agent, each club, corporation, or limited liability company that holds an alcohol beverage permit issued by the Wisconsin Department of Revenue (the department) where an agent is required to be appointed must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

## Section 1: Permittee Information and Acknowledgement

Permittee Name \_\_\_\_\_

Permit Number (15-Digit Wisconsin Tax Account Number) \_\_\_\_\_

Reason for Cancellation of Appointed Agent \_\_\_\_\_

The undersigned appoints \_\_\_\_\_ as agent in accordance with sec. 125.04(6), Wis. Stats.

\_\_\_\_\_  
*Signature of President / Member*

\_\_\_\_\_  
*Date*

## Section 2: Agent Information and Acknowledgement

Agent Name \_\_\_\_\_

Mailing Address	City or Post Office	State	Zip Code

### Agent Questions

	Yes	No
1. Are you of legal drinking age? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? . . . . . (Agents for an out-of-state wine direct shipper are not required to be residents of Wisconsin.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a federal law violation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of a state law violation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a local ordinance violation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.? . . .	<input type="checkbox"/>	<input type="checkbox"/>

**UNDER PENALTY OF LAW**, I declare that my answers above are true and correct to the best of my knowledge and belief.

I hereby accept appointment as agent for \_\_\_\_\_ and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

\_\_\_\_\_  
*Signature of Agent*

\_\_\_\_\_  
*Date*

## Contact Information

Submit this form to [DORExciseTaxpayerAssistance@wisconsin.gov](mailto:DORExciseTaxpayerAssistance@wisconsin.gov) or by mail to:

Wisconsin Department of Revenue  
Excise Tax Unit  
PO Box 8900  
Madison, WI 53708-8900