Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

For license period beginning									and ending								
1 0 0	M	Μ	D	D	Y	Y	Y	Y	o o	M	Μ	D	D	Y	Y	Y	Y

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, and AT-200. One form must be completed by each person involved in the applicant business or parent company including:

· sole proprietor

- all officers, directors, and agents of a corporation or nonprofit organization
- all partners of a partnership
- member/mangers and agents of a limited liability company

Your alcohol beverage application or renewal is not complete unti	l all required	l Supplemental	Questionnaire	es are submitted.			
Part A: Premises/Business Information							
1. Registered Entity Name							
2. Trade Name or DBA							
3. Entity Type (check one)							
☐ Sole Proprietor ☐ Limited Liability Company ☐ Nonprofit Corporation							
☐ Partnership ☐ Corporation							
Part B: Individual Information							
1. Name (Last, First, M.I.)							
Relationship to Registered Entity (Title/Member) 3. Email				4. Phone			
5. Home Address							
6. City	7. State	8. Zip Code		9. Date of Birth			
10. Drivers License/State ID Number		11. Drivers Licer	nse/State ID Stat	te of Issuance			
Part C: Address History							
Named individual must list in chronological order their last two res	idence addre	esses.					
Previous Address 1							
Previous City, State, Zip			Dates (MM/YY)	Y - MM/YYYY)			
Previous Address 2							
Previous City, State, Zip			Dates (MM/YY)	YY - MM/YYYY)			

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Part D: Employment History				
Named individual must list in chronological order their last two employers.				
Employer's Name				
Employer's Address		Dates Employed (MM/	YYYY - MM/`	YYYY)
Employer's Name				
Employor's Address		Datas Employed (MAA/	V///// NANA/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Employer's Address		Dates Employed (MM/	TTT - IVIIVI/	1111)
Part E: Criminal History				
Have you ever been convicted of any offenses (other than traffic offenses unit	elated to alco	ohol beverages)		
for violation of any federal, Wisconsin, or another state's laws or of any count	y or municipa	al ordinances?	Yes	☐ No
If yes to question 1, please list details of each conviction here:				
Law/Ordinance Violated		Trial Date		
Penalty Imposed	Was senten	ce completed?	Yes	☐ No
Law/Ordinance Violated		Trial Date		
		mar Bate		
Penalty Imposed				
	Was senten	ce completed?	Yes	∐ No
Law/Ordinance Violated		Trial Date		
Penalty Imposed	Was senten	ce completed?	Yes	☐ No
2. Are charges for any offenses currently pending against you (other than traffic				
beverages) for violation of any federal, Wisconsin, or another state's laws or ordinances?	,	municipal	Yes	□No
If yes to question 2, describe nature and status of pending charges using the	snace helow			
if yes to question 2, describe nature and status of perfuling enarges using the	space below.			
· ·				
Part F: Questions				
1. Are you a Wisconsin resident?			Yes	□ No
1.746 you a wisconsin resident:			103	
How long have you continuously lived in Wisconsin prior to the date of applications.	ation?	Years	Months	
3. Have you resided as an adult in states other than Wisconsin? If yes, please I	ist them in the	e space below.	Yes	☐ No
Do you hold a direct or indirect interest in any alcohol beverage wholesaler or	nroducer (c	a brewery		
brewpub, winery, distillery)? If yes, please explain using the space below			Yes	☐ No

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to under penalty of state law. I further understand that I may be prosecuted for submitting false with this application, and that any person who knowingly provides materially false informat to forfeit not more than \$1,000 if convicted.	statements and affidavits in connection
Signature	Date

Part G: Attestation



Form AT-103 Instructions

Alcohol Beverage License Application/Supplemental Questionnaire

Who must complete Form AT-103?

All persons involved in the alcohol beverage retail business who are officers, directors, managers, or agents. These persons must be identified in the schedule for appointment of successor agent (Form AT-104), original license application (Form AT-106), retail license transfer (Form AT-108) the renewal license application (Form AT-115), and the appointment of successor agent (Form AT-200).

Where do I submit Form AT-103?

Submit this form with Form AT-104, AT-106, AT-108, AT-115, or AT-200 to the clerk of the municipality in which the applicant business is located.

Specific Instructions

License Period:

• Enter the beginning and ending date of the license period in the format MM/DD/YYYY.

Part A: Premises/Business Information

- Enter the legal business name in box 1.
- Enter the trade name or "doing business as" name in box 2, if different than the name in box 1.
- Check one entity type in box 3 to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form AT-106 or AT-115).

Part B: Individual Information

- Provide all requested personal information.
- For box 2: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.

Part C: Address History

· List two previous addresses.

Part D: Employment History

· List your two most recent employers/business ventures.

Part E: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and
 include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Note: See the Department of Revenue's <u>Permit Predetermination</u> common questions for offenses that may prevent someone from holding a license.

Part F: Questions

- Question 3: Wisconsin law generally prohibits businesses and individuals from having an interest in more than one tier of the alcohol beverage industry (production, wholesale, and retail). Disclose whether you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewery, brewpub, winery, distillery).
- Examples of prohibited interest restrictions are described in Administrative Code (sec. 8.87, Wis. Adm. Code).

Note: If you hold a direct or indirect interest in an alcohol beverage wholesaler or producer, you may not be eligible to hold an alcohol beverage license. Before submitting this form, reach out to your municipal clerk or the Department of Revenue.

Form AT-103 Instructions Wisconsin Department of Revenue

Part G: Attestation

Read the attestation carefully, then sign and date.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- · Submission of the retail license application and supplemental forms
- · Availability of certain licenses

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: DOR Alcohol Beverage (wi.gov)

Write: DORAlcoholTobaccoEnforcement@wisconsin.gov

Call: (608) 264-4573

Resources Provided by the Department of Revenue

License frequently asked questions

Publication 302 DOR Alcohol Beverage Laws for Retailers Licenses

Publication 309 Retail Alcohol Beverage Licensing Guide for Municipalities

<u>Fact Sheet 3101</u> Licenses for Retail Sale of Alcohol Beverages

Fact Sheet 3103 Licensed or Permitted Premises Description

Fact Sheet 3116 Reserve "Class B" Liquor Licenses

Fact Sheet 3118 "Class B" Liquor License Quotas