# **Application for Permit Predetermination**

The Fair Employment Act (Secs.111.31-111.395, Wis. Stats.) prohibits employment and licensing discrimination on the basis of a criminal conviction record unless the circumstances substantially relate to the circumstances of the particular job or licensed activity.

An Individual who does not possess a license or permit with the Department may use this form to apply to the Department, pursuant to Sec. 111.335(4)(f), Wis. Stats., for a determination of whether his/her criminal conviction record would disqualify them from holding a license or permit.

Read instructions before completing.

What permit are you applying for?		Email Address			
Last Name (please print)	(Firs	t)		(M.I.)	Date of Birth (MM / DD / YYYY)
Home Address					Social Security Number
City or Post Office		State	Zip Code		Phone Number
Section B					,
1. Have you held, or now hold, a permit	or certificate	issued by	the Wisconsin Dep	partment of R	evenue? Yes
If Yes, indicate: Type of permit or cert	ificate		Pern	nit or certifica	te number
Location for which it was issued			(atvant addyna	city, state, zip code	
Have you been convicted of violating	federal or sta	te laws or			
If Yes, check type:  Federal	State		ocal Ordinances	and than than	
Indicate details of the violation, includ				and disposition	on.
If you have been convicted of a felony attach a copy to the application.	, describe the	nature of	the felony. If pardo	oned, give dat	e and place of the pardon and
Are charges for any offense presently	pending agair	nst you (ot	ther than traffic unre	elated to alcoh	nol beverages)? 🗌 Yes 📗 l
If Yes, check type:   Federal	State		ocal Ordinances		
Describe the status of the pending cha	rges.				
Section C – Signature Required of	All Applica	nts			
declare under penalties of law that I have	evamined this	s informat	ion and to the hest	of my knowle	dae it is true correct and complete
acciare arraer perialities of law that I have	CAGITITICA LITE	s iiiioiiiiat	ion and to the best	OI IIIY KIIOWIC	age it is true, correct, and complete

## AB-790: Instructions for Application for Permit Predetermination

## Who May Apply for a Predetermination

Prior to submitting a completed application for an alcohol beverage permit or cigarette and tobacco products permit, an individual may apply to the department for a determination of whether the individual would be disqualified from obtaining a permit due to his or her conviction record or record as a habitual law offender.

### To Obtain a Predetermination

Complete and send your application to:

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

### Assistance

You can access the department's website 24 hours a day, 7 days a week, at <u>revenue.wi.gov</u>. From this website, you can:

- Access My Tax Account (MTA)
- · Complete electronic fill-in forms
- · Download forms, schedules, instructions, and publications
- · View answers to common questions
- · Email us for assistance

Physical Address Mailing Address

2135 Rimrock Road Wisconsin Department of Revenue

Madison WI 53713 PO Box 8900

Madison WI 53708-8900

Phone: (608) 266-6701 Fax: (608) 261-7049

Email: DORExciseTaxpayerAssistance@revenue.wi.gov