

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

Application for Vessel 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 _ _ - _ _ - _ _ |
|------|-------------------------|------------------------|--|---|

Under the provisions of Secs. 125.27(2) and 125.51(5)(c), Wis. Stats. application is being made for

- Class "B" fermented malt beverage
 "Class B" intoxicating liquor to sell alcohol beverages at retail on the following described vessel:

Section A

| | | | |
|------------------------------------|--------------------|--|--|
| Owned and Operated By | | Name of Vessel | |
| Regular Place of Mooring | Passenger Capacity | U.S. Coast Guard Certification Number/American Bureau of Shipping Class or Verification of Liability Insurance | |
| From the _____ day of _____ 20____ | | through the _____ day of _____ 20____ | |

Section B

APPLICANT: Individual Partnership Corporation 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?
 Yes No If Yes, indicate Name: _____

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 |

Section C

| | | |
|--|-------|-----|
| Mailing Address | State | Zip |
| Describe area where beer and/or liquor will be served and stored. | | |
| 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 1-877-882-3277] <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Does the applicant understand that fermented malt beverages and intoxicating liquors may be sold only if the vessel leaves its place of mooring? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? If Yes, attach a detailed explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Section D

| | | | | |
|--|---------|--------|----------|-----------------|
| Does the applicant, any member of the partnership, officer, director, stockholder or agent hold any interest in any other retail beer and/or liquor license or wholesaler beer license or liquor permit in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Name (Last) | (First) | (M.I.) | Location | Type of License |
| Does any retail alcoholic beverage licensee, wholesale beer licensee or wholesale liquor permittee or any officer, director, stockholder or such permittee or licensee have any interest in this License? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If Yes, identify: | | | | |
| Name (Last) | (First) | (M.I.) | Location | Type of License |

Section E

| | |
|---|--|
| RENEWAL APPLICANTS ONLY: | |
| Did the sale of fermented malt beverages and intoxicating liquors on the vessel account for less than 50% of the gross receipts of all the food and beverages served on the Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section F

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| <p>Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the permit(s), if granted, will not be assigned to another. (An individual applicant or one member of a partnership, one corporate officer, or one member of a limited liability company must sign.)</p> <p style="text-align: right;">_____ (Signature of Officer of Corporation / Partner / Individual)</p> |
|--|

NOTES:

Fees for vessel permits for Class "B" Beer and "Class B" intoxicating liquor permits:

Business tax registration fee (if applicable): \$20.00

Liquor – 2 years \$600.00

Beer – 2 years \$200.00

Liquor – 6 months each year for a period of 2 years \$300.00

Beer – 6 months each year for a period of 2 years \$0.00

These fees come due for renewal every 2 years.

An individual, or one member of a partnership, or officer, director of a corporation applying for a permit to sell alcohol beverages must complete a separate "Auxiliary Questionnaire" (page 3).

The schedule for "Appointment of Agent" (page 4) must be completed and submitted with this application.

The corporation must notify the department immediately of a change of agent and remit a fee of \$10.

Auxiliary Questionnaire

To be completed by an individual, or one partner, member, or officer, director, 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 been a continuous resident of Wisconsin for at least 90 days prior to the date of this application?

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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | |
|-------------------------|------|
| Your Signature ► | Date |
|-------------------------|------|

Auxiliary Questionnaire

To be completed by an individual, or one partner, member, or officer, director, 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 been a continuous resident of Wisconsin for at least 90 days prior to the date of this application?

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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | |
|-------------------------|------|
| Your Signature ► | Date |
|-------------------------|------|

AT-212: Schedule for Appointment of Agent

Each corporation applying for a Class "B" fermented malt beverage and/or "Class B" intoxicating liquor permit under Secs. 125.27(2) and 125.51(5)(c), Wis. Stats. must appoint an agent pursuant to Sec. 125.04(6), Wis. Stats.

- The agent must complete and sign Section 1.
- The appointment (Section 2) must be signed by an officer of the corporation.
- The agent must also sign Section 3 once Section 2 is completed.
- The approval (Section 4) must be made by the proper local official.
- The agent must complete the responsible beverage server training course.

Section 1

| | | | | |
|--|-----------|--------|------------------|---|
| Name (Last) | (First) | (M.I.) | Address | Date of Birth |
| Name of Corporation | | | Offical Capacity | |
| Occupation | | | | |
| Have you been a continuous resident of Wisconsin for at least 90 days prior to the date of appointment of agent? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a violation of federal law? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Local ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | State law? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain fully any question answered Yes. | | | | |
| Have you completed the responsible beverage server training course? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>I declare under the penalties of the law that the above information is true, correct and complete.</i> | | | | |
| AGENT SIGN HERE | Signature | | | Date |

Appointment of Agent

Section 2

| | | |
|--|-----------|------|
| _____ appoints _____ as agent in accordance with Sec. 125.04(6), Wis. Stats., subject to the approval of the Department of Revenue. | | |
| OFFICER SIGN HERE | Signature | Date |

Acceptance by Agent

Section 3

| | | |
|--|-----------|------|
| 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

Section 4

| | |
|---|--|
| 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 ____ _____ (Signature of Official) _____ Title |
|---|--|