



## ALCOHOL BEVERAGE ESTABLISHMENT CHANGE OF AGENT AND/OR SHAREHOLDER INFORMATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

### Required Forms

#### Change of Agent

- Transfer Application (ccl-transfer1)
- Appointment of Agent (AB-101)
- Original Alcohol License Application (AB-200)
- Individual Questionnaire – Alcohol Beverage License Application (AB-100)

**If there are changes to the plan of operation, submit a new:**

- Business Plan of Operation (ccl-busplan)

#### Change of Shareholders

- Original Alcohol Beverage License Application (AB-200)
- Transfer Application (ccl-transfer1)
- Individual Questionnaire – Alcohol Beverage License Application (AB-100) (for each new shareholder)

### Fee

- Change of Agent: \$25 due with application
- Change of Shareholders: No Fee

### Requirements

#### Age

- Applicants must have attained the age of 21.

#### Fingerprinting

- New persons whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to:  
Police Administration Building  
951 N. James Lovell Street (7th St),  
Room 330  
8:00 AM to 6:00 PM  
(Monday thru Friday, excluding holidays)
- If you have previously been fingerprinted by the Milwaukee Police Department, call (414) 935-7281 to determine whether your fingerprints are still on file. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

### Additional Requirements – Agent

#### Residency

- The agent must have been a resident of the state of Wisconsin continuously for at least 90 days prior to the date of application.

#### Interview/Proof of Residency

- After fingerprinting, the new agent will be contacted by the Milwaukee Police Department-License Investigation Unit for a telephone interview and to provide proof of residency.

#### Responsible Beverage Server Course

- All new agents must submit proof that they completed a Responsible Beverage Server Course or held an Alcohol Beverage license in Wisconsin within the past 2 years.

For courses offered by the Milwaukee Area Technical College, call (414) 302-2618.

A list of approved online courses can be found on the Wisconsin Department of Revenue's website at <http://www.revenue.wi.gov/training/alcSellerServer.html>.

Before a license can be issued, applicants must submit a certificate or diploma that indicates the course complies with Wisconsin Statutes or provide a copy of license issued in Wisconsin within the past 2 years.

### Granting/Issuance of Licenses

If there are no objections and/or police items on record, the license will be granted by the Common Council.

If there are objections and/or police items on record, you may receive a notice in the mail to appear before the Licenses Committee. If the committee recommends approval, the license will then be granted by the Common Council.

After being granted, the license will be issued provided all requirements are met and the Department of Revenue and/or any wholesalers do not have holds on the issuance of the license.



# BUSINESS TRANSFER INSTRUCTIONS

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

ccl-transfer 7/11/2024

## Fee

\$25; no fee if transferring stock only

- Check payable to the City of Milwaukee.
- Credit card online after your application is processed and an invoice is created. An invoice number is needed to make an online payment.
- Cash in person only.

## Forms needed

- Business Transfer Application
- If change of location – Supplemental Application required for each license type
- Plan of Operation & Floor Plan if requesting any changes (required for all changes of location)
- Alcohol Establishments:
  - Change of agent or shareholder applicants – see Alcohol Change of Agent/Owner form for additional requirements
  - Changes of location requires an alcohol application appointment for processing. For all other changes, contact our office for required forms.
  - For all other changes, contact our office for required forms.

## Requirements

### Change of Location

A new occupancy permit is required.

Contact: Development Center, Permit Desk,  
809 N. Broadway, 1st floor  
(414)286-8210  
<https://city.milwaukee.gov/DNS/permits/Occupancy>

Fingerprints are required for the following:  
Alcohol Establishments, Food Peddlers, Hotel/Motel,  
Home Improvement Contractor, Rooming House, Public  
Entertainment Premises, Recycling/Salvaging/Towing  
Massage Establishment, Secondhand Dealer

If your fingerprints are not on file with the Milwaukee  
Police Department report to:

Police Administration Building  
951 N. James Lovell Street (7th St) Room 330  
8:00 AM to 3:30 PM  
(Monday thru Friday, excluding holidays)

If you have previously been fingerprinted by the  
Milwaukee Police Department, call (414) 935-7281 to  
determine whether your fingerprints are still on file. If you are  
an out of town resident\*, call (414) 935-7281 to receive  
information regarding how to comply with the fingerprint  
requirement.

\*Out of town residents are individuals who do not live in  
Milwaukee, Racine, Ozaukee, Washington, or Waukesha Counties.

### Change of Ownership/Transfer of Stock for Licensed Alcohol Premises

If there is a complete change in stockholders or ownership of a business entity that holds an Alcohol Beverage Establishment license, such that no current owners are listed on the application, submit a Purchase agreement that is signed by the buyer and seller.

### Reorganization of Legal Entity

A legal entity reorganizing under a different type of entity or as a different name may qualify for a transfer. The business must remain at the same premises and a shareholder of 20% or more from the current licensed entity must be a 20% or more shareholder of the new legal entity.

Proof of registration of the new legal entity with the WI Department of Financial Institutions (DFI) is required.  
Contact: DFI Division of Corporate & Consumer Services  
(608) 261-7577  
[www.wdfi.org/](http://www.wdfi.org/)

A new Wisconsin Seller's Permit is required.

Contact: WI Department of Revenue  
819 N. 6th St, Room 408  
(414) 227-4000  
[www.dor.state.wi.us/](http://www.dor.state.wi.us/)

### Wisconsin Seller's Permit Exemptions:

Home Improvement Contractors, Loading Zones,  
Massage Establishments, Private Alarm, Private Waste  
Collector, Public Passenger Vehicle Owners, Rooming  
Houses, Self Service Laundry, Snow Plow, Tattoo & Body  
Piercing, and Recycling, Salvaging & Towing (for  
repossessions only or if dealing, storing, transporting,  
removing and/or recycling in junk and/or valuable metal  
only)

## Approval

Most licenses require approval from the Licenses  
Committee. If you need to appear at the Licenses  
Committee meeting, you will receive a notice in the mail.

Licenses are then granted by the Common Council after  
recommendation of the Licenses Committee. Allow 6-8  
weeks for processing. There are no meetings in August.

After all requirements are met, the license will be  
issued. Post the license in a clearly visible place at your  
business.



# BUSINESS TRANSFER APPLICATION

ccl-transfer1 2/24/20

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 [www.milwaukee.gov/license](http://www.milwaukee.gov/license) [license@milwaukee.gov](mailto:license@milwaukee.gov)

## SECTION 1 CHECK THE TYPE OF TRANSFER:

CHANGE OF LOCATION     REORGANIZATION OF LEGAL ENTITY     CHANGE OF AGENT     TRANSFER OF STOCK

## SECTION 2 LIST ALL LICENSE(S) TO TRANSFER:

Type/Number:	Type/Number:	Type/Number:
Type/Number:	Type/Number:	Type/Number:

## SECTION 3 LICENSE(S) ARE CURRENTLY ISSUED TO:

Legal Entity Name: \_\_\_\_\_

Premises Address: \_\_\_\_\_

## SECTION 4 TRANSFER TO: (ENTER ALL OWNERSHIP INFORMATION WHETHER IT IS CHANGING OR NOT)

Legal Entity (check one):     Sole Proprietor     Partnership     Corporation     LLC     Non Profit

Legal Entity Name: \_\_\_\_\_ Trade/DBA Name: \_\_\_\_\_

Premises Address (include city/state/zip): \_\_\_\_\_

Mailing Address:  Same as premise     Other (include city/state/zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 5 AGENT / SOLE PROPRIETOR / 1<sup>ST</sup> PARTNER

FULL LEGAL NAME (Last, First & Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (include city/state/zip): \_\_\_\_\_

Driver's License Number/State ID #: --- State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Percent of Ownership Interest (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 6 LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNERS

FULL LEGAL NAME (Last, First & Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (include city/state/zip): \_\_\_\_\_

Driver's License Number/State ID #: --- State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Percent of Ownership Interest: \_\_\_\_\_ Email: \_\_\_\_\_

FULL LEGAL NAME (Last, First & Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (include city/state/zip): \_\_\_\_\_

Driver's License Number/State ID #: --- State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Percent of Ownership Interest: \_\_\_\_\_ Email: \_\_\_\_\_

Are there additional persons with 20% or more interest or partners?  No  Yes If yes, attach additional forms as necessary.

**Office Use Only:** Initials \_\_\_\_\_ Filed \_\_\_\_\_ Application #(s) \_\_\_\_\_ Paid \_\_\_\_\_

MPD \_\_\_\_\_ DNS \_\_\_\_\_ LC \_\_\_\_\_ CC \_\_\_\_\_

Issued \_\_\_\_\_ License #(s) \_\_\_\_\_

**SECTION 7 PLAN OF OPERATION & FLOOR PLAN**

Are you requesting changes to the current plan of operation or floor plan?

- Yes If Yes, you must submit a new Plan of Operation and Floor Plan. Required for all changes of location.
- No

**SECTION 8 SIGNATURE(S)**

I/we understand that I am/we are required to inform the City Clerk within 10 days of any substantial changes in any of the information supplied in this application.

I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.

I/we understand that I/we shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I/we certify that I am/we are the applicant and all statements are true and correct.

-----  
Signature of Agent or 20%+ Owner

# Form AB-200 Instructions

## Alcohol Beverage License Application

### Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get a retail alcohol beverage license.

### Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

### Specific Instructions

#### *License Period:*

- Annual licenses expire June 30 each year, except licenses issued by the City of Milwaukee. Annual licenses issued by the City of Milwaukee also may be issued at any time throughout the year, but are valid for one year from the date of issuance.

#### *Application Type:*

- Select “Initial (New)” if this is the first time you are applying for an alcohol beverage license for this premises.
- Select “Renewal” if you are renewing an alcohol beverage license that was issued sometime in the past year.

#### *License(s) Requested and Fees:*

- Select the alcohol beverage license(s) you would like to apply for.
- Generally, you may apply for no more than two licenses for the same premises. Further, some license combinations are not acceptable, (e.g., “Class A” and a Class “B”). See [Publication 309](#), *Appendix B*, for more information about acceptable license combinations.
- For descriptions of each of the alcohol beverage licenses and their authorizations, see [Publication 302](#), *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*, and [Fact Sheet 3101](#), *Licenses for Retail Sale of Alcohol Beverages*.
- License costs are determined by the municipality within a range set by state law. Ask your clerk how much the license, background check, and publishing fees in that municipality cost.
- License fees for licenses issued for less than one year must be prorated according to the number of months or fraction of months remaining in the licensing period.

#### *Part A: Premises/Business Information*

- Box 1: Enter the legal business name or individual name if a sole proprietor.
- Box 2: Enter the trade name or “doing business as” name, if different than the name in box 1.
- Box 3: Enter the Federal Employer Identification Number (FEIN) for the applicant business.
- Box 4: Seller’s permits begin with the digits “456.” For questions about obtaining a seller’s permit, see [Seller’s Permit Common Questions](#).
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 6: When the controlling members or managers of a limited liability company are other businesses, the real people controlling the licensee through a parent company must be evaluated to determine if they are eligible to hold an alcohol beverage license under state law. Evaluate the upstream ownership chain until the controlling members or managers are natural persons. Describe or illustrate the license applicant’s ownership, including the legal entity names and persons associated with each entity. List all natural persons associated with this question in Form AB-200, *Appendix A*. Submit Form AB-100 for each person listed in Appendix A according to the instructions in Part C.
- Box 7-8: Provide the state and the date of organization of the legal entity.
- Box 9: If you selected “Corporation” or “LLC” in box 5, provide the Wisconsin Department of Financial Institutions Registration number. This number is assigned to the entity when it is registered with DFI. It can be located using the Department of Financial Institution’s [Corporate Records Search](#). If your registration with DFI is not in good standing, that does not disqualify you from holding an alcohol beverage license under state law. It is one element a municipality may use to prove the legitimacy of your business. Sole proprietors, partnerships, and nonprofit organizations may not have this number. If you do not have a DFI Registration number, write N/A in the box.
- Boxes 10-19: All requests for “premises” information are requests for the physical location within the municipality and contact information to reach the business during open hours.

- **Box 20:** Describe the premises in detail. A street address alone is insufficient. Include outdoor spaces if your municipality allows it. Some municipalities have specific requirements for outdoor spaces as a part of the licensed premises. Call your municipal clerk to learn more. Attach a floor plan if possible.
  - If you are renewing an application and do not wish to change your premises description from the most recent license year, check the box “for renewal applicants only.” If your license is granted, the municipal clerk will use the same premises description as the previous license year on your license certificate document.
  - If you are renewing an application and wish to change your premises description, do not check the box “for renewal applicants only” and describe your new premises in Box 20.
- **Example:** The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.
- **Box 21-24** Provide the mailing address for the business, if different from the address in boxes 9-12.

### *Part B: Questions*

- **Questions 1 and 2:** Disclose any civil or criminal violations of law and pending charges in any jurisdiction (federal, state, or local ordinance). Include detailed descriptions of any violations of law involving alcohol beverages. Attach additional sheets as necessary.
- **Question 3:** Wisconsin law generally prohibits alcohol beverage industry members from having an interest in another tier. The law provides some exceptions, with limitations, for restricted investors. If the applicant business, or any of its officers, directors, members, agent, employees, owners, or other related individuals has an interest in an alcohol beverage producer or wholesaler, list the restricted investors and describe the nature of their interest. A restricted investor with an allowable interest in another tier must complete AB-104, Restricted Investor Affidavit. Attach additional sheets as necessary.
- **Question 4:** Wisconsin law requires all sole proprietors, partners, and agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless one of the following applies.
  - The applicant is renewing a license, or
  - Within the past two years:
    - a. The applicant held a manager’s or operator’s (bartender) license or permit.
    - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued alcohol beverage license in Wisconsin.
- Submit the associated documentation with this application.

**Note:** To learn about your responsibility to complete the responsible beverage server requirement, please review [Publication 302](#), *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*.

- **Question 5:** A licensee may only buy liquor or beer for cash or on credit terms for a period not to exceed 15 days for beer and 30 days for liquor. A person may not be issued a license if they are indebted to a wholesaler in excess of these limits.
- **Question 6:** Renewal of licenses may be denied pursuant to a local ordinance if the licensee owes past due municipal taxes, assessments, or other fees.

### *Part C: Individual Information*

- Check each attestation to indicate you have completed the appropriate supplementary paperwork to complete your application.
- Use Form AB-200AA, *Appendix A*, to provide a list of all persons involved in the applicant business. Appendix A is the final page of Form AB-200. Attach additional sheets if necessary.
- Persons holding the following titles in the applicant business and in businesses referenced in Part A, Question 6 must provide contact and personal information to determine their fitness to hold an alcohol beverage license under state law:
  - Sole proprietor
  - All partners of a partnership
  - All officers, directors, and agent of a corporation or nonprofit organization
  - All members or managers, and agent of a limited liability company.

**Example:** Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.

- Sole-proprietors, partners in a partnership, and the agent of an LLC or corporation must reside in Wisconsin continuously for 90 days prior to application. For additional qualification information, see [Publication 309](#), Part 5.
- Include an accurate Form AB-100, *Alcohol Beverage Individual Questionnaire*, for each person listed on Form AB-200AA with the submission of this application except for the following:

- Corporate shareholders who are not also officers, directors, or agent
- LLC members in a manager-managed LLC who do not have day-to-day involvement in the business
- Beneficiaries of a trust that have an interest in the license
- When an applicant LLC's members are other business entities, the following persons must submit Form AB-100:
  - The trustee of a trust that is a member of an applicant LLC
  - Corporate officers and directors of a corporation that is a member of an applicant LLC
  - Members of managing members of an LLC that is a member of an applicant LLC
- *For Initial (New) Applicants:* Every person listed in Appendix A must submit a completed Form AB-100, except as provided above.
- *For Renewal Applicants:* Submit the **most accurate** copy of Form AB-100 for each person listed in Appendix A, except as provided above. If the paperwork from the previous licensed period is still accurate, you may include a copy of the old paperwork to complete this application. If you do not have paperwork from the previous license period, you may ask the municipality to copy it for you. If the municipality cannot provide the paperwork, you must submit a new Form AB-100 to complete your application.
- Limited Liability Companies, Corporations, and Nonprofit Organizations must appoint an agent using Form AB-101, *Alcohol Beverage Appointment of Agent*.
  - *For Initial (New) Applicants:* Submit a completed Form AB-101 to appoint an agent on behalf of the applicant business.
  - *For Renewal Applicants:* Submit the **most accurate** copy of Form AB-101. If the paperwork from the previous licensed period is still accurate, you may include a copy of the old paperwork to complete this application. If you do not have paperwork from the previous license period, you may ask the municipality to copy it for you. If the municipality cannot provide the paperwork, you must submit a new Form AB-101 to complete your application.
- The application is not considered complete until all required persons are listed in Form AB-200, *Appendix A*, and the most accurate copies of Forms AB-100 and AB-101 are submitted.

#### *Part D: Attestation*

- Read the attestation carefully, then sign and date.

#### *Part E: For Clerk Use Only*

- *"Date license granted"* means the date the municipal governing body approves the license to be issued.
- *"Date license issued"* means the date the municipal clerk issues the license certificate document.

#### *Appendix A: List of Persons Involved in the Applicant Business*

- Select "Initial (New)" if this is the first time you are applying for an alcohol beverage license at this premises.
- Select "Renewal" if you are applying to renew an existing alcohol beverage license.
- Use the same license period listed at the beginning of Form AB-200.
- Box 1: Enter the same legal business name or individual name from Part A, Box 1.
- Box 2: Enter the same legal business name or individual name from Part A, Box 2.
- Box 3: Enter the same FEIN from Part A, Box 3.
- First Name and Middle Initial: List a first name and middle initial of a person.
- Last Name: List the last name of a person.
- Title/Relationship to Applicant Business: Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.
- Phone Number: Enter a phone number where the person can be reached during business hours.
- Email: Enter an email for each person.
- Status:
  - New: All entries on an initial (new) application, or a new entry on a renewal application. Submit a Form AB-100 for each person with this status. Submit a Form AB-101 for any person with this status and the title "Agent."
  - Remove: Use this status to indicate a person is no longer serving as a part of the applicant business at renewal.
  - Update: Use this status to indicate a person has changed information contained on Forms AB-100 or AB-101 or their relationship to the entity has changed. Submit new Forms AB-100 or AB-101 to reflect the changes.
  - No Change: Use this status on renewal applications to indicate that a person's relationship to the applicant business has not changed and no information requested on Forms AB-100 and/or AB-101 has changed. Include the **most accurate** copy of Forms AB-100 and/or AB-101 for persons with this status.

## Completion and Submission of AB-200

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- License applications must be filed with the municipal clerk at least 15 days before they can be considered by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- In addition to Form **AB-200**, include:
  - An accurate Form AB-100, *Alcohol Beverage Individual Questionnaire*, for all individuals listed in Appendix A
  - An accurate Form AB-101, *Alcohol Beverage Appointment of Agent*, for corporation, nonprofit organizations, and LLC applicants
  - License and publication fees as required by your municipality
  - All other information and documentation required by your municipality
  - Responsible beverage server training course completion certificate or other acceptable replacement document described in Part B, Question 4
  - Proof the applicant holds a seller's permit, such as a copy of the seller's permit document

**Note:** See [Publication 206](#), *Sales Tax Exemptions for Nonprofit Organizations*, for information on when a nonprofit organization may be exempt from holding a seller's permit.

**Note:** You are required by federal law to register as an Alcohol Dealer with the federal Alcohol and Tobacco Tax and Trade Bureau (TTB) before beginning business. Use [Form TTB F 5630.5d](#), *Alcohol Dealer Registration*, and return the form to the address listed on the instructions.

## Open Records

This application is an open record under Wisconsin law (sec. [19.35](#), Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Division of Alcohol Beverages. The division publishes a list of alcohol beverage licensees reported by municipalities. The division will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

## Assistance

This form is designed by the Division of Alcohol Beverages for use by municipal governments. If you require assistance with this form, consider reaching out to your municipal clerk for assistance with the following:

- Submission of this application and associated forms
- Availability and cost of certain licenses

If you have questions about alcohol beverage laws and regulations, you may contact the Division of Alcohol Beverages using the contact information below.

**Website:** [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

**Write:** [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

**Call:** (608) 266-2526

## Resources Provided by the Division of Alcohol Beverages

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *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*

# Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

<b>Application Type</b> (check one)	
<input type="checkbox"/> Initial (New)	<input type="checkbox"/> Renewal

<b>License(s) Requested:</b> (up to two boxes may be checked)	<b>Fees</b>								
<input type="checkbox"/> Class "A" Beer ..... \$ _____	<input type="checkbox"/> Class "B" Beer ..... \$ _____								
<input type="checkbox"/> "Class A" Liquor ..... \$ _____	<input type="checkbox"/> Regular "Class B" Liquor \$ _____								
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____								
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor ..... \$ _____								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">License Fee(s)</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$</td> </tr> <tr> <td><b>Total Fees</b></td> <td><b>\$</b></td> </tr> </table>		License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$	<b>Total Fees</b>	<b>\$</b>
License Fee(s)	\$								
Background Check Fee	\$								
Publication Fee	\$								
<b>Total Fees</b>	<b>\$</b>								

<b>Part A: Premises/Business Information</b>			
1. Legal Business Name (individual name if sole proprietorship)			
2. Business Trade Name or DBA			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization		8. Date of Organization	9. Wisconsin DFI Registration Number
10. Premises Address			
11. City		12. State	13. Zip Code
14. County	15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		16. Aldermanic District
17. Premises Phone	18. Premises Email		19. Website
20. Premises Description <b>Initial (New Applicants Only):</b> Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <b>Renewal Applicants Only:</b> I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. Zip Code

<b>Part B: Questions</b>			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages.  Yes  No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? . .  Yes  No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

**Part D: Attestation**

One of the following must sign and attest to this application:  
 • sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Title	Email	Phone
Signature		Date

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)



# Form AB-101 Instructions

## Alcohol Beverage Appointment of Agent

### Who must complete Form AB-101?

State law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed or permitted premises.

Use this form to appoint an agent for a new premises or to appoint a successor agent when there is a change before the license or permit is up for renewal.

### Where do I submit Form AB-101?

Submit Form AB-101 to the appropriate issuing authority, either the clerk of the municipality in which the business or organization is located, or the Division of Alcohol Beverages.

Form AB-101 may be submitted with a license or permit application or at any time to indicate there is a change in agent prior to the license or permit renewal period.

### Specific Instructions

#### *Date:*

- Date the form in the top right corner.

#### *Agent Type:*

- Select original appointment if you are applying for your license or permit for the first time or are renewing a license or permit.
- Select successor agent if you are reporting a change of agent during the licensing or permitting period.

#### *Part A: Business Information*

- Box 1: Enter the legal business name. If a sole-proprietorship, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as", if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

**Note:** This business information must match the information on the license or permit application.

- Box 4: Select which alcohol beverage authorization you hold or are applying for.
- Box 5: For appointment of a successor agent, enter your state permit number (15-digit Wisconsin Tax ID number) or municipal retail license number (if applicable) for which you are appointing a successor agent. If you do not have a municipal retail license number, provide any applicable identifier (e.g., store number or location).
- Box 6: For appointment of a successor agent, describe the reason for the change in agent.

#### *Part B: Agent Information*

- Provide all requested personal information.

#### *Part C: Agent Questions*

- Question 1: Wisconsin law requires all agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless:
  - The applicant is renewing a municipal alcohol beverage retail license, or
  - Within the past two years:
    - a. The applicant held a manager's or operator's (bartender) license.
    - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued retail alcohol beverage license in Wisconsin.

- Some agents for state permittees are exempt from responsible beverage server course requirements. The following permittees are exempt from RBS course requirements: Alcohol Beverage Warehouse, Industrial Fermented Malt Beverages, Wholesalers, Manufacturers, Rectifiers, Direct Wine Shippers, Wholesale Alcohol, Medicinal Alcohol, Industrial Alcohol, and Industrial Wine.
  - If you are applying to be the agent of one of these exempt permittees, answer “yes” to Question 1.
- To learn about your responsibility to complete the responsible beverage server requirement, review [Publication 302, Information for Wisconsin Alcohol Beverage Retailers](#).
- Question 2: Appointed agents for a retail licensee must complete Form AB-100, *Alcohol Beverage Individual Questionnaire*, and submit it to the municipal clerk in which the licensed business is located. Appointed agents for a permittee must complete and submit Form AB-300, *Alcohol Beverage Personal Questionnaire*, and submit it to the Division of Alcohol Beverages.
- Question 3: Appointed agents must be Wisconsin residents for at least 90 continuous days prior to the date of application, except for direct wine shipper permittees.

*Part D: Business Attestation*

- An authorized representative should sign, date, and provide requested personal information on behalf of the business.

*Part E: Agent Attestation*

- The agent being appointed should read the attestation carefully, then sign and date.

**Assistance**

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 \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

**Write:** [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

**Call:** (608) 266-2526

**Agent Type** *(check one)*

- Original (no fee)       Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

**Part B: Agent Information**

1. Last Name		2. First Name		3. M.I.
4. Email			5. Phone	
6. Home Address				
7. City	8. State	9. Zip Code	10. Date of Birth	
11. Driver's License/State ID Number			12. Driver's License/State ID State of Issuance	

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Submit proof of completion.
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No See instructions for exceptions.

*Continued* →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Title	Email		Phone	
Signature			Date	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Signature			Date	

# Form AB-100 Instructions

## *Alcohol Beverage Individual Questionnaire*

### Who must complete Form AB-100?

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent*, and Form AB-200, *Alcohol Beverage License Application*, or Form AB-220, *Temporary Alcohol Beverage License Application*.

### Where do I submit Form AB-100?

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application*, or Form AB-220, *Temporary Alcohol Beverage License Application*, to the clerk of the municipality in which the applicant business is located.

To update the agent for an alcohol beverage license, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent*, to clerk of the municipality that issued the alcohol beverage license.

### Specific Instructions

#### *Date*

- Date the form in the top right corner.

#### *Part A: Business Information*

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

**Note:** This business information must match the information on any license application (Forms AB-200 or AB-220) or an existing license certificate.

#### *Part B: Individual Information*

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

#### *Part C: Address History*

- Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

#### *Part D: 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: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.),** persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's [Permit Predetermination Common Questions](#) for offenses that may prevent someone from holding a license.

#### *Part E: 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 and cost 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 \(wi.gov\)](http://wi.gov)

**Write:** [DORAlcohol@wisconsin.gov](mailto:DORAlcohol@wisconsin.gov)

**Call:** (608) 266-2526

## Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *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*

# Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type ( <i>check one</i> )	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
4. Relationship to Business (Title)	5. Email	6. Phone	
7. Home Address			
8. City	9. State	10. Zip Code	11. Date of Birth
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance	

Part C: Address History			
1. Do you currently live in Wisconsin? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin .....			(MM/YYYY)
2. List in chronological order all of your addresses <b>within the last 5 years</b> . Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

*Continued* →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature	Date
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## ADDENDUM TO ORIGINAL ALCOHOL BEVERAGE ESTABLISHMENT LICENSE APPLICATION

City Clerk - License Division  
City Hall, 200 E. Wells St., Room 105  
Milwaukee, WI 53202  
(414) 286-2238 [license@milwaukee.gov](mailto:license@milwaukee.gov)

To be completed by the individual, all partners, or the agent of a corporation/limited liability company:

Wisconsin State Statutes require that all new applicants complete a Responsible Beverage Server Training Course.

You do not need to take the course if you answer "yes" to one of the following questions and provide proof of such:

1. Within the last 2 years have you held a bartender's license in the state of Wisconsin?  Yes  No
2. Within the last 2 years have you held a Class "A" or Class "B" alcohol beverage license, or a Class "B" manager's license in the state of Wisconsin?  Yes  No
3. Within the last 2 years have you completed a Responsible Beverage Server Training Course in the state of Wisconsin?  Yes  No

**IF YOU ANSWERED NO TO ALL OF THE ABOVE QUESTIONS, PROOF OF COURSE COMPLETION MUST BE PROVIDED BY SUBMITTING YOUR COURSE CERTIFICATE TO THE LICENSE DIVISION.**

For course enrollment information, contact MATC at (414) 297-8370 or for similar approved courses see "Training" on the Wisconsin Department of Revenue's website at [www.dor.state.wi.us](http://www.dor.state.wi.us).

**I understand that a license will not be issued without a copy of the course certificate or proof of the license held within the last two years being submitted to the License Division.**

---

Print Name of Individual/Partner/Agent

---

Signature of Individual/Partner/Agent

---

Office Use Only

Initials \_\_\_\_\_ Date Filed \_\_\_\_\_ Application # \_\_\_\_\_



## BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 www.milwaukee.gov/license e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

### 1. Type of Business

Applying for:  Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:

Do you have any experience operating this type of business?  No  Yes If yes, explain:

### 2. Business Operations

- Proposed Opening Date: \_\_\_\_\_
- Is this premise under construction?  No  Yes If yes, list estimated completion date: \_\_\_\_\_
- Is this a franchise?  No  Yes
- Is this premises currently licensed?  No  Yes If yes, list type of license: \_\_\_\_\_
- Is the current licensee operating?  No  Yes If no, list date closed: \_\_\_\_\_
- Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- Are other businesses operating in the same building?  No  Yes If yes, describe: \_\_\_\_\_

### 3. Litter & Noise

- How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

### 4. Smoking & Sanitation

- Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- Number of Garbage Cans: Inside: \_\_\_\_\_ Locations: \_\_\_\_\_  
Outside: \_\_\_\_\_ Locations: \_\_\_\_\_
- Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- How many restrooms are on the premises? \_\_\_\_\_
- Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? \_\_\_\_\_ and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe \_\_\_\_\_  
 List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? \_\_\_\_\_ and list locations: \_\_\_\_\_
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

Alcohol _____%	Food _____%	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% Describe: _____

## 7. Businesses/Licenses on the Premises (check all that apply):

### Type 1

- Full Service Restaurant       Cafe/Coffee Shop       Deli or Fast Food Restaurant       Private/Fraternal/Veterans Club
- Night Club       Tavern       Cocktail Lounge       Teen Club
- Banquet Hall       Sports Facility       Bowling Alley
- Hotel/Motel : Number of Floors: \_\_\_\_\_       Rooming House: Number of Floors: \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_      Number of Rooms: \_\_\_\_\_

### Type 2

- Liquor Store       Corner Store       Supermarket       Convenience Store
- Gas Station       Amusement/Phonograph Distributor       Recycling, Salvage or Towing
- Used Car Dealer       Personal Service Establishment  
(such as tattoo business, hair salon, tailor, etc.)       Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit     Cigarette & Tobacco     Gas Station     Extended Hours     Class "B" Tavern     Weights & Measures
- Secondhand Dealer     Precious Metal & Gem     Other: \_\_\_\_\_

## 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  
 1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop  
 Other: Describe: \_\_\_\_\_
- b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_
- c. Nearest Major Cross Street: \_\_\_\_\_
- d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Business Owner Address: \_\_\_\_\_

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)

\_\_\_\_\_  
 Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
 (If there are no 20% or more shareholders,  
 Corporate Officer-print name/title and sign)

\_\_\_\_\_  
 Signature of additional partner or 20% or more shareholder

See Application Information for a complete list of all required application forms.