## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)			(first name)			(middle name)		
Home Address (street/route)	Post Office		City		State Zip Code			
Home Phone Number	Age		Date of Birth		Place of Birth			
The above named individual provides the followable Applying for an alcohol beverage license	· ·	•	son who is <i>(check o</i>	ne):				
A member of a <b>partnership</b> which is mak	ing application for		nol beverage licens		or Nonprof	it Organization)		
which is making application for an alcohol beverage license.								
<ol> <li>The above named individual provides the follows:</li> <li>How long have you continuously resided in the follows:</li> <li>Have you ever been convicted of any offer violation of any federal laws, any Wisconsi or municipality?</li> <li>If yes, give law or ordinance violated, trial status of charges pending. (If more room is</li> </ol>	n Wisconsin prior in the ses (other than tring laws, any laws of the second to the second that the second the second th	to this da affic unre of any ot  id penalt	elated to alcohol be her states or ordina y imposed, and/or	ances of any o			☐ No	
3. Are charges for any offenses presently perfor violation of any federal laws, any Wiscomunicipality?  If yes, describe status of charges pending.  4. Do you hold, are you making application for organization or member/manager/agent of beverage license or permit?  If yes, identify.	onsin laws, any law	ricer, direction	er states or ordina  ector or agent of a  holding or applyin	nces of any concession of any corporation/notes g for any other	ounty oronprofit er alcoho	· · · · · · Yes	☐ No	
(Name, Location and Type of License/Permit)  5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No If yes, identify.								
(Name of Wholesa 6. Named individual must list in chronologica	le Licensee or Permittee)			(Address	By City and	County)		
	yer's Address	пріоуого.		Employed From		То		
Employer's Name Emplo	yer's Address			Employed From		То		
READ CAREFULLY BEFORE SIGNING: Unbeen truthfully answered to the best of the known application; that the applicant has read and macorrect. The undersigned further understands under penalty of state law, the applicant may be tion. Any person who knowingly provides materials.	owledge of the sig ade a complete an that any license is be prosecuted for	ner. The swer to e sued cor submittir	signer agrees tha ach question, and strary to Chapter 12 ag false statements	t he/she is the that the answe 25 of the Wisc and affidavits by be required	e person ers in eac onsin Sta s in conn	named in the fo ch instance are atutes shall be v ection with this t not more than	oregoing true and oid, and applica-	

AT-103 (R. 7-18) Wisconsin Department of Revenue