FYI - click mouse in 'For the license period beginning' field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

## ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning ending

TO THE GOVERNING BODY of the:

County of Marathon

1. The named
$\square$ INDIVIDUAL CORPORATION/NONPROFIT ORGANIZATION

20
20


Mosinee

Aldermanic Dist. No.
$\qquad$ (if required by ordinance) hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name):

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

|  | Title | Name | Home Address | Post Office \& Zip Code |
| :--- | :--- | :--- | :--- | :--- |
| President/Member |  |  |  |  |

## Vice President/Member

Secretary/Member
Treasurer/Member
Agent
Directors/Managers
3. Trade Name
4. Address of Premises Business Phone Number Post Office \& Zip Code
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? $\qquad$
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ................................................ $\square$ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?............... $\square$ Yes $\square$ No
8. (a) Corporate/limited liability company applicants only: Insert state___ and date ___ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?.................. $\square$ Yes $\square$ No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? .

| Applicant's Wisconsin <br> Seller's Permit Number: <br> Federal Employer Identification <br> Number (FEIN): |  |
| :--- | :--- |
| LICENSE REQUESTED |  |
| TYPE |  |
| $\square$ Class A beer | FEE |
| $\square$ Class B beer | \$ |
| $\square$ Class C wine | $\$$ |
| $\square$ Class A liquor | $\$$ |
| $\square$ Class B liquor | \$ |
| $\square$ Reserve Class B liquor | $\$$ |
| Publication fee | $\$$ |
| TOTAL FEE | $\$$ |

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ....... $\square$ Yes $\square$ No
(b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5)


14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?. . $\square$ Yes $\square$ No

READ CAREFULLY BEFORE SIGNING: 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 signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to
 access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.
SUBSCRIBED AND SWORN TO BEFORE ME
this $\qquad$ day of $\qquad$ , 20

> (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
(Clerk/Notary Public)
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
My commission expires

## TO BE COMPLETED BY CLERK

| Date received and filed with municipal clerk | Date reported to council/board | Date provisional license issued | Signature of Clerk / Deputy Clerk |  |
| :---: | :---: | :---: | :---: | :---: |
| Date license granted | Date license issued | License number issued |  |  |

