	ginal Alcohol Be	verage Re	tail License A	pplication	Applicant's Wisconsin Seller's Per	mit Number		
(Sub	mit to municipal clerk.)				FEIN Number			
Ear #	ha liaanaa nariad haalaala	na:	ondina			·		
TOFE	he license period beginnir	(mm dd y	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FE	E	
		☐ Town of ¬	1		Class A beer	\$		
To th	e Governing Body of the:	☐ Village of	> <u></u>	<u>.</u>	Class B beer	\$		
	<u> </u>	☐ City of			Class C wine	\$		
					Class A liquor	\$		
Cour	nty of		Aldermani (if required	c Dist. No	Class A liquor (cider only)	\$ N//	A	
			(if required	f by ordinance)	Class B liquor	\$		
					Reserve Class B liquor	\$		
Chec	k one: 🔲 Individual	Limited Lia		Class B (wine only) winery				
Once			n/Nonprofit Organizat	ion	Publication fee	\$		
☐ Partnership ☐ Corporation.			Monprone Organizat	lon	TOTAL FEE	\$		
Name	e (individual / partners give last n	ame, first, middle; o	corporations / limited liability	y companies give register	red name)			
by ea	ach member of a partne	rship, and by	each officer, directo	r and agent of a co	this application by each indi- orporation or nonprofit orga e and place of residence of ea	nization,	and by	
Presi	dent / Member Last Name	(First)	(Middie Name)	Home Address (Street,	City or Post Office, & Zip Code)			
Vice I	President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
Secre	etary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
Treas	surer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
Agen	t Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
Direc	tors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)			
1. 7	Frade Name			Business Pho	one Number			
2. /	Address of Premises			Post Office &	Zip Code			
8	applicant must include all	rooms includin ges and record	g living quarters, if u s. (Alcohol beverage	sed, for the sales, s s may be sold and s	e to be sold and stored. The ervice, consumption, and/or stored only on the premises			
-								
*								
-		<u></u>						
-								
4. L	egal description (omit if s	treet address is	_		.,			
5. (	(a) Was this premises licensed for the sale of liquor or beer during the past license year?							
(	b) If yes, under what nam	ie was license i	ssued?					

6.		agent of corporation/limited I g course for this license period					☐ Yes	□ No
7.	Is the applicant an empli If yes, explain.	oye or agent of, or acting on l	behalf of	anyone except the	named applicar	nt?	☐ Yes	□ No
8.		beverage retail licensee or w					☐ Yes	□No
9.	(a) Corporate/limited li	iability company applicants		nsert state				
	. , . , . ,	tion/limited liability company xplain			•	•	☐ Yes	□ No
		n, or any officer, director, sto agent hold any interest in a					☐ Yes	∏ No
10.	government, Alcohol and	rstand they must register as a I Tobacco Tax and Trade Bure 7-882-3277]	eau (TTB	) by filing (TTB forn	n 5630.5d) befo	re beginning	☐ Yes	□ No
11.	Does the applicant unde	rstand they must hold a Wisc	onsin Se	ller's Permit? [phor	ne (608) 266-27	76]	☐ Yes	☐ No
12.	- ·	rstand that they must purchase?					☐ Yes	□ No
he l han assig Com	est of the knowledge of the s \$1,000. Signer agrees to ope aned to another. (Individual ap	GNING: Under penalty provided by igner. Any person who knowingly perate this business according to law plicants, or one member of a partrifaccess to any portion of a license evocation of this license.	provides m w and that nership app	aterially false informati the rights and respons dicant must sign; one c	ion on this applica sibilities conferred corporate officer, o	tion may be require by the license(s), if ne member/manage	d to forfeit granted, w er of Limited	not more ill not be i Liability
Cont	act Person's Name (Last, First, M.I.)			Title/Member		Dale		
Signature				Phone Number		Email Address		
· · ·	E COMBI ETER BY OF ERV							
	SE COMPLETED BY CLERK received and filed with municipal cleri	k Date reported to council / board	Date provis	sional license issued	Signature of Clerk /	Deputy Clerk		
Date	license granted	Date license issued	License nu	ımber issued				