

**Notice of Restricted Hours,  
Walk-In Customer Service**

**(New Applicants) Class "A", "B" and "C" Alcohol Beverage Retail  
Establishment Licenses**

**Applicants for any new alcohol beverage retail establishment licenses seeking assistance in filing applications, or wishing to file applications in person rather than by mail, may do so in our office Monday to Friday (except holidays and furlough days) during the following times only:**

**8:15 a.m. to 12:00 p.m.**

**1:30 p.m. to 4:00 p.m.**

**Applicants must have application forms completed prior to arrival. Our office is unable to assist applicants in the completion of the entire application; assistance is limited to answering specific questions regarding completion of the application.**

**8/15/2011**



# ALCOHOL BEVERAGE ESTABLISHMENT, NEW LICENSE INFORMATION

OFFICE OF THE CITY CLERK-LICENSE DIVISION  
200 E WELLS ST, ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
[WWW.MILWAUKEE.GOV/LICENSE](http://WWW.MILWAUKEE.GOV/LICENSE)

This information was created to assist persons filing applications to hold alcohol beverage retail establishment licenses. This brief overview does not replace the applicant's responsibility to review Chapter 90 of the Milwaukee Code of Ordinances ("MCO") related to alcohol beverage regulations and licensing requirements.

A copy of the complete alcohol beverage regulations and licensing requirements established in Chapter 90, MCO is available at [www.milwaukee.gov/ordinances](http://www.milwaukee.gov/ordinances)

► **QUALIFICATIONS, CLASSIFICATIONS, KEY DEFINITIONS.** See s. 90-1, MCO, for key definitions, s. 90-4 for classifications of licenses, and s. 90-6 for license qualifications related to age and residency.

► **APPLICATION CERTIFICATION.** Effective 7/1/10, the Office of the City Clerk—License Division must certify that your application is complete before your application can be referred to the licensing committee for its recommendation as to whether or not your license should be issued. Certification of your application as complete cannot be made until 10 days after all of the following has occurred:

1. Completed application has been properly filed by the applicant.
2. Neighborhood has been notified by our office of your application.
3. Sworn Assurance form has been properly filed with our office by the applicant (see step 18).

► **HEARING SCHEDULED WITHIN 3 CYCLES:** Applications are required to be referred to the licensing committee within 3 full cycles of the Common Council (generally 9 weeks) after the date the application was certified as complete.

Keep informed of changes online under "View What's New!" at [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

**Additional References:** Ch. 90, Milwaukee Code of Ordinances, [www.milwaukee.gov/ordinances](http://www.milwaukee.gov/ordinances); Ch. 125, Wis. Stats., [www.legis.state.wi.us/rsb/stats.html](http://www.legis.state.wi.us/rsb/stats.html); WI Department of Revenue, [www.dor.state.wi.us/forms/alcohol/index.html](http://www.dor.state.wi.us/forms/alcohol/index.html)

## ► LIST OF APPLICATIONS, FORMS REQUIRED

1. **Original Alcohol Beverage License Application (AT-106).**
2. **Auxiliary Questionnaire – Alcohol Beverage License Application (AT-103a).**
3. **Addendum to Original Alcohol License Application (ccl-124).**
4. **Plan of Operation Supplement (ccl-124d).**
5. **Detailed Floor Plan.** Completed as part of and attached to **Plan of Operation Supplement (ccl-124d).**
5. **Alcohol Beverage Related Licenses Application (ccl-122c).** For Class "B" and "C" applicants only, when applicable.
6. **Tavern Entertainment License Supplement (ccl-122i).** For Class "B" and "C" applicants only, when applicable.
7. **Statement of Stock Ownership (ccl-124e),** for applicants who are corporations or limited liability companies.
8. **Schedule for Appointment of Agent (AT-104),** for applicants who are corporations or limited liability companies.
9. **Application for Cigarette and Tobacco Products License (CTP-200),** for applicants wishing to offer cigarettes or tobacco products for sale on the premises.
10. **Authorized Representative Statement (ccl-100a),** for license holders who wish someone to pick up the license who is not the licensee; a partner, if a partnership; or agent, officer or member, if a corporation or LLC.

**Table 1. Sales and Service Restrictions related to Each Type of Alcohol Beverage Retail Establishment License.**

Type of Alcohol Beverage License	Type of Alcohol Beverages Permitted	Consumption on Premises, Restrictions	Sale for Off-Premise Consumption, Restrictions	Permitted Hours of Operation [1]
Class "A" Malt	Beer, Fermented Malt Beverages	Not permitted	Quantities of no more than 4.5 gallons at any one time. [2]	8 a.m. to 9 p.m. [3]
Class "A" Liquor	Wine, Intoxicating Liquors	Not permitted	No restriction on quantity sold.	8 a.m. to 9 p.m.
Class "B" Beer [5]	Beer, Fermented Malt Beverages	By the glass or in an opened original container.	Off-premises sales between 8 a.m. to 9 p.m. only.	Sun. – Thurs.: 6 a.m. to 2 a.m.; Fri. – Sat.: 6 a.m. to 2:30 a.m. [4]
Class "B" Tavern [5]	Beer, Fermented Malt Beverages, Wine, Intoxicating Liquors	Intoxicating Liquor: By the glass only; bottle service not permitted.  All Other Alcohol: By the glass or in an opened original container.	Off-premises sales between 8 a.m. to 9 p.m. only.  Intoxicating Liquor: Restricted quantities of no more than 4 liters at any one time.  Wine (if restaurant): Restricted quantities of no more than 1 bottle at any one time; must be re-corked between 6 a.m. and midnight.	Sun. – Thurs.: 6 a.m. to 2 a.m.; Fri. – Sat.: 6 a.m. to 2:30 a.m. [4]
Class "C" Wine [6]	Wine only	By the glass or in an opened original container. Restricted quantities of no more than 1 bottle at any one time.	Restricted quantities of no more than 1 bottle at any one time; must be re-corked between 6 a.m. and midnight.	Sun. – Thurs.: 6 a.m. to 2 a.m.; Fri. – Sat.: 6 a.m. to 2:30 a.m.

[1] Unless more restrictive hours are established under the plan of operation approved by the Common Council as part of the license.

[2] Limitation of 4.5 gallons does not apply if a Class "A" Liquor license is also held for the same premises by the same entity.

[3] Sales permitted between 8 a.m. to 11 a.m. for certain breweries operating 3<sup>rd</sup> shifts and selling to employees. See s. 90-15-2, MCO.

[4] On January 1, premises holding Class "B" licenses are not required to close.

[5] "Service Bar Only" Designation: Provides same privileges as Class "B" Beer/Tavern, except all alcohol beverages shall be served only to patrons seated at tables.

[6] Eligibility Restricted: Sale of alcohol beverages must account for less than 50% of gross receipts. See s. 90-4-9-c and d, MCO.

► **HOW TO APPLY FOR LICENSE.**

**Step 1. Complete Original Alcohol Beverage License Application (AT-106).**

If applying for the Class “B” Fermented Malt Beverage License and Class “C” Wine License, only one application and publication fee of \$10 is required.

The “Premise description” as listed on the application under question #9 will appear on your license.

Class “B” and “C” applicants Only: If the premises has been licensed before as a Class “B” establishment, and you wish to expand on what was listed as the premises description, ex: add a sidewalk café, a PERMANENT EXTENSION OF PREMISES must be applied for and approved before this area can be utilized.

**Step 2. Complete Auxiliary Questionnaire-Alcohol Beverage License Application (AT-103a).**

Must be completed by the individual, all partners, the agent of a corporation or limited liability company, all officers and directors of a corporation, and all members of a limited liability corporation.

As part of this form, applicants are required to provide detailed information regarding all arrests and convictions in their application. Failure to do so may result in prosecution.

A detailed arrest and conviction report may be obtained from the Milwaukee Police Department, Open Records Section, 2333 N. 49th Street - 2nd Floor (49th St. between North & Lisbon), if proper identification is presented.

**Step 3. Complete Addendum to Original License Application (ccl-124).**

Must be completed by the individual, all partners, or the agent.

**Step 4. Complete Plan of Operation (ccl-124d).**

**Establishing Age Distinctions:** Effective June 7, 2008, an ordinance has been established that permits Class “B” Tavern operators to restrict by age the patrons allowed in their establishments.

Complete the “Age Distinction for each day” column on page 2 of the Plan of Operation Supplement to specify a minimum age limit.

The Licenses Committee and Common Council must first approve any age limit before it can be enforced.

**Step 5. Complete Detailed Floor Plan (attachment to ccl-124d).**

The floor plan must be filed on 8 ½ X 11 inch sized paper. A separate sheet of paper must be filed for each floor included in the premises description.

**Step 6. Complete Alcohol Beverage Related Licenses Application (ccl-122c).**

License holders must complete the **Alcohol Beverage Related Licenses Application** form (ccl-122c), in order to apply for tavern entertainment and other related licenses.

See the enclosed **Class “B” and “C” Alcohol Beverage Establishment Entertainment Licenses** information sheet (ccl-122b) for information related to the types of entertainment permitted under certain types of entertainment licenses or permits.

**Step 7. Complete Tavern Entertainment License Supplement (ccl-122i).**

**(For Class “B” and “C” license holders only.)**

Applicants must complete the **Tavern Entertainment License Supplement** form (ccl-122i) in order to apply for Tavern Amusement (Cabaret), Tavern Dance, Instrumental Music or Pre-Recorded Music Machine Premises (Record Spin) Licenses.

The type(s) of entertainment granted will be listed on a certificate that is issued with your license. In order to change this, a Request to Change the Plan of Operation for a Tavern Amusement License must be applied for, approved, and a new certificate issued before you can deviate from the current plan of operation.

**Step 8. Complete Statement of Stock Ownership (ccl-124e).**

Applicants who are corporations or limited liability companies must complete statement. Recognized

charitable or fraternal organizations and hotel operations are exempt from this requirement.

[!] An officer of a corporation or a member of an LLC must sign the statement.

**Step 9. Complete Schedule for Appointment of Agent (AT-104).**

Applicants who are corporations or limited liability companies must complete schedule.

**Step 10. Complete Application for Cigarette and Tobacco Products License (CTP-200).**

Applicants who wish to offer cigarettes or tobacco products for sale on the premises must file this application.

**Ban on Flavored Cigarettes Enacted:** It is illegal to sell fruit-, candy-, or clove-flavored cigarettes. On September 22, 2009, the U.S. Food & Drug Administration announced a ban on cigarettes with flavors characterizing fruit, candy or clove.

**Vending Machines Sales Prohibited:** Per a new U.S. Food & Drug Administration rule effective June 20, 2010, it is illegal to sell cigarettes through vending machines.

**Step 11. Provide required signatures on all forms.**

Depending upon the type of legal entity for which an application is filed, the following persons are required to sign the application forms:

If the legal entity is a(n)...	Then the person(s) required to sign the form is/are....
Individual	The individual applicant.
Partnership	All partners.
Limited Liability Company	One member (agent can sign only if agent is also member of LLC).
Corporation	2 officers, unless corporation has only one officer, then one officer signs (agent can sign only if also an officer of corporation).

**Step 12. Provide the required notarizations on all forms.**

Commissioned notaries public, including attorneys, must impress notary seals on each page notarized.

[!] Any applications filed without required notarial seals will be returned.

The License Division may notarize your documents, provided the person whose signature is going to be notarized is present. There is a \$.50 per page charge for notarizing documents.)

Changes to notarized forms can only be made by the person who signed the form.

**(Optional) Step 13. Complete Authorized Representative Statement (ccl-100a).**

License holders who wish someone to pick up the license who is not the licensee; a partner, if a partnership; or agent, officer or member, if a corporation or LLC must complete this form.

**Step 14. Copy entire application for records and future reference.**

Certain forms are not longer in duplicate form, and no copies will be provided to you.

**Step 15. File application and additional required forms with the appropriate license fee.**

**Restricted Hours, Walk-In Customer Service**

Applicants for new alcohol beverage retail establishment licenses seeking assistance in filing applications, or wishing to file applications in person rather than by mail, may do so in our office Monday to Friday (except holidays) during the following times only:

**8:15 a.m. to 12:00 p.m.**

**1:30 p.m. to 4:00 p.m.**

Applicants must have application forms completed prior to arrival. Our office is unable to assist applicants in the completion of the entire application; assistance is limited to answering specific questions regarding completion of the application.

[!] Incomplete applications or those submitted without Proof of Ownership, Lease or Offer to Purchase will not be accepted.

**Proof of Identity Required.** All persons filing or amending applications in-person, or picking up licenses or permits, must provide proof of identity.

**Fees:** No license will be issued unless and until the following fee amounts have been paid in their entirety:

License Type	Fee*
Class "A" Malt	\$360
Class "A" Liquor	\$510
Class "A" Liquor and Malt	\$860
Class "B" Beer	\$110
Class "B" Tavern	\$610
Class "C" Wine	\$110
*Fee amounts listed above are for alcohol beverage retail establishment licenses only, and include the \$10 publication fee.	
See <b>Related Licenses Application</b> (ccl-122c) for other applicable license fees.	

Only the \$10 publication fee must be submitted at the time the renewal application is filed. Make checks payable to: *City of Milwaukee*. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. Credit cards are also accepted online and in-person; cash is accepted from applicants filing in person only.

[!] Applicants are responsible for the timely payment of any outstanding fees. No additional notices or bills will be provided related to payment of fees.

**Step 16. File Proof of Ownership or Lease**

Applicants must file with the license application documents showing proof of ownership, lease or offer to purchase related to the proposed licensed premises.

Leases or offers to purchase contingent upon the granting of the license are accepted.

**Step 17. Post Notice of Public Interest (ccl-143b).**

Effective July 1, 2010, all applicants for new alcohol beverage retail establishment licenses are required to post a Notice of Public Interest (form ccl-143b) for the purposes of providing notice to the public that a new application has been filed and that written objections to the granting of the license based on the proposed operation of the licensed premises can be submitted by any interested party to the Office of the City Clerk-License Division.

See s. 90-5-8-a-2-c, MCO.

The Notice of Public Interest is required to be posted in a conspicuous place viewable to members of the public from the outside of the proposed licensed premises. The posting and maintaining of the notice shall be at the expense of the applicant.

The Notice of Public Interest is required to be posted upon filing of the new application with the Office of the City Clerk-License Division, and shall remain posted until the application is recommended for granting or denial by the Licenses Committee of the Common Council, or withdrawn by the applicant, whichever occurs first.

Replacement Notices of Public Interest are available online at [www.milwaukee.gov/license](http://www.milwaukee.gov/license). See "Notice of Public Interest, New Application" on the "Forms" webpage to create and print a replacement notice.

**Step 18. File Sworn Assurance (ccl-143c).**

Immediately after properly posting Notice of Public Interest, file with the Office of the City Clerk-License Division a sworn assurance related to the posting (form ccl-143c).

The Office of the City Clerk-License Division must certify that your application is complete before your application can be referred to the licensing committee for its recommendation as to whether or not your license should be issued.

Certification of your application as complete cannot be made until 10 days after the sworn assurance form has been filed properly.

**Step 19. Complete fingerprinting step, if required.**

All persons listed on the applications who are agents, officers, and members must be fingerprinted. If a nonprofit corporation, then only the agent must be fingerprinted.

The fingerprinting requirement also apply to stockholders owning 20% or more stock, if a corporation or a limited liability company.

Fingerprinting is conducted each weekday (excluding holidays) between the hours of 8:00 a.m. and 6:00 p.m. at the Police Administration Building, 951 N. James Lovell Street (7th St), Room 305.

If you are unsure if your fingerprints are on file, report to the above address or call (414) 935-7281 for confirmation.

If you do not reside locally, call (414) 935-7430 to find out how to comply with the fingerprint requirement. All fingerprints must be taken on or on file prior to the Police Background Investigation.

**Step 20. Complete interview step, if required.**

After fingerprints of ALL APPLICANTS have been filed, the individual, all partners, or the agent of the corporation or Limited Liability Company will receive a written notice by mail to contact the Milwaukee Police Department-License Investigation Unit for a telephone interview.

You will be required to provide proof of residency and a signed lease or accepted offer to purchase for the tavern premises.

**Note:** Failure to comply with the fingerprinting and interview requirements in a timely manner will cause a delay in the certification of your application as complete.

**Step 21. Complete Responsible Beverage Server Course.**

Individual applicants, each partner, or the agent if a corporation or limited liability company must successfully complete an approved responsible beverage server-training course offered by the Milwaukee Area Technical College (414) 297-8370, or similar approved course (see "Training" on the Wisconsin Department of Revenue's website at [www.dor.state.wi.us](http://www.dor.state.wi.us)).

Applicants attending Wisconsin C.A.R.E., T.I.P.S. or N.R. A. must have certificates/diplomas, which indicate that the course complies with 125.04 & 125.17, Wis. Stats.

The server-training course does not need to be completed if one of the following are met:

1. Within the past 2 years, you held a Class "A", or Class "B" Liquor license, or a Class "B" Manager's license in Wisconsin.
2. Within the past 2 years, you held a Bartender's license in Wisconsin.
3. Within the past 2 years, you have already completed the course.

**Note:** Proof must be submitted to the License Division that a course was completed or if the license held was not issued by the City of Milwaukee.

**Step 22. File state Seller's Permit.**

A Wisconsin State Seller's Permit (or a clearance slip indicating you have filed for a seller's permit) must be submitted to the License Division. This can be obtained from the Wisconsin State Office Building, 819 N. 6th St., Room 408, or by calling 227-4000, <http://www.dor.state.wi.us/>. Not required for eleemosynary (non profit) organizations.

We cannot issue a license unless the LEGAL NAME on the Seller's Permit is the same as the LEGAL ENTITY NAME applying for the license.

**Example:** If the licensee applying for the license is ABC, Inc., then the seller's permit must read ABC, Inc. No variations of ABC, Inc. (such as ABC Corporation; ABC Company; ABC, LLC; etc.) can be accepted.

**Step 23. File proof of legal entity registration.**

Corporation or limited liability company applicants must register with the State of Wisconsin Department of Financial Institutions - Division of Corporate & Consumer Services. If your legal entity has not been registered, then call (608) 261-7577, or visit <http://www.wdfi.org/>.

The legal name registered must be the same as the legal entity name applying for the license. Proof that your registration has been filed and processed by the Department of Financial

Institutions must be submitted to the License Division before your license can be issued.

**Step 24. Purchase retail dealer's stamp.**

Federal Law also requires purchase of retail liquor dealer's stamp. Call 1-800-937-8864 for details, or <http://www.ttb.gov/alcohol/retailers/index.htm>

**Step 25. Pay special occupational tax.**

Federal Bureau of Alcohol, Tobacco and Firearms: A special occupational tax must be paid before beginning business. Call 1-800-937-8864 or go to [www.ttb.gov](http://www.ttb.gov) for information.

**Step 26. Obtain occupancy permit.**

A permit must be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211. See <http://www.mkedcd.org/build/pdfs/occert.pdf>. The License Division will receive written notification directly from this department when all requirements are met.

[!] Bring a copy of license application to the Development Center for reference. The APPLICANT NAME and SUBJECT ADDRESS on the Certificate of Occupancy application must be the same as indicated on the license application.

**Step 27. Get premise inspection.**

Health Department inspection of the premises must be made and any deficiencies corrected. Contact the Health Department, 841 N. Broadway, (414) 286-3674, to make an appointment for inspection.

The License Division will receive written notification directly from this department when all requirements are met. Effective April 1, 2011, Food licenses are issued by the License Division.

**Step 28. Determine whether other City licenses are required.**

Other license and permits may be required.

Applications and information related to the following license and permits can be obtained online at [www.milwaukee.gov/license](http://www.milwaukee.gov/license), or from our office:

**Class "B" Manager's License.** A Class "B" Manager's license is required for the person managing the day-to-day operations of the Class B business if that person is not the individual

proprietor, partner, or the agent of the corporation or limited liability company.

**Class "D" Bartender's License.** The licensee (Individual, Partners, Agent) does not need a bartender's license. (Officers and members do need a license.)

Members of a Licensee's family may be exempt if all of the following requirements are met:

1. Premises must be licensed as an individual or partnership.
2. Person must be an immediate family member (spouse, son, daughter, father, mother, mother-in-law, father-in-law, son-in-law, or daughter-in-law) Brothers or sisters are not eligible.
3. Person must be 21 years of age or older. If over age 18 and they do not have their own operator's license, they must be under the immediate supervision by the licensee, agent, adult member of the licensee's immediate family, or a person with an operator's license.
4. Person must be living in the same residence as the license.
5. Exemption is only applicable at the licensed family premises.

**► GRANTING OF LICENSES**

**Step 1. Notice of hearing sent to applicant.**

Notice is mailed to applicants who are required to appear before the Licenses Committee for hearings on whether their license applications should be recommended for renewal, nonrenewal or suspension due to neighborhood objections or negative police records.

[!] No regular meetings of the Licenses Committee and Common Council are scheduled during the month of August.

**Step 2. Committee recommendation made.**

The Licenses Committee makes its recommendation to the Common Council and then the Common Council votes on the recommendation at the next scheduled meeting. (Licenses are not granted by the Licenses Committee.)

**Step 3. Holds placed by other city departments.**

If all requirements for the Health Department and Department of Neighborhood Services are not met, they will place a hold on the issuance of your license at this time.

**Step 4. Common Council grants/denies license.**

Licenses are granted by the Common Council at regularly scheduled meetings, which are usually held once a month. Applicants do not appear before the Common Council.

Licenses are valid for one year from the Common Council grant date. Please note that no meetings are held during the month of August.

**Step 5. License is issued after holds released.**

Applicants, for whom licenses are granted by the Common Council, can be issued on the date of granting, if all license fees have been paid and there are no holds on the issuance of the licenses related to other City departments, Responsible Beverage Server Course requirements, improperly filed State seller's permit or clearance slip, or no proof filed with the License Division that the Corporation or Limited Liability Company is registered with the State of Wisconsin, Department of Financial Institutions.

**► PARTIAL REFUND OF LICENSE FEE**

If an application is withdrawn or denied, you are eligible for a partial refund, provided the refund is requested no later than one year from the date of withdrawal or nonrenewal of the application.

If a license is not issued, the refund must be requested no later than one year from the date of application, unless the permit has been granted, in which case no later than one year from the date of granting of the license.

The \$10 publication fee is not refundable.

**► POSTING OF LICENSES REQUIRED**

Licenses and certificates of authorized entertainment must be posted in a conspicuous place on the premises.

# FEDERAL TAX RESPONSIBILITIES, WHAT BUSINESS OWNERS NEED TO KNOW

As a business owner, you need to know your federal tax responsibilities. In addition to knowing about federal taxes, you need to make some basic business decisions.

Understanding and complying with tax requirements is a necessary aspect of doing business.

## **IRS WEB RESOURCES**

### **Starting, Operating or Closing a Business**

Whether you are a budding entrepreneur, or an established business owner, you will find everything you need to start and manage your business venture.

<http://www.irs.gov/businesses/small/article/0,,id=110417,00.html>

### **Business Taxes**

The form of business you operate determines what taxes you must pay and how you pay them.

<http://www.irs.gov/businesses/small/article/0,,id=98966,00.html>

### **Checklist for Starting a Business**

This checklist provides the basic steps you should follow to start a business.

<http://www.irs.gov/businesses/small/article/0,,id=98810,00.html>

### **Employer ID Number**

An Employer Identification Number, also known as a Federal Tax Identification Number, is used to identify a business entity.

<http://www.irs.gov/businesses/small/article/0,,id=98350,00.html>

### **Online Application - Form SS-4**

Apply online for the Employer Identification Number <http://www.irs.gov/businesses/small/article/0,,id=102767,00.html>

## **NON-PROFIT/CHARITABLE ORGANIZATIONS**

Non-Profit organizations (tax exempt status) are required to register as (501) (c) (3) Organizations with the Internal Revenue Service, Department of the Treasury. If your legal entity has not been registered call 1 (800) 829-5500, or apply online at <http://www.irs.gov/charities/index.html> the legal name registered must be the same as the legal entity name applying for the license. A copy of your documentation from the Internal Revenue

Service confirming your status as a (501) (c) (3) organization must be submitted to the License Division before your license can be issued.

## **SMALL BUSINESS RESOURCES**

These are just a few of the many government websites with business information.

[Small Business Administration](#) The SBA's Small Business Planner includes information and resources that will help you at any stage of the business lifecycle. <http://www.sba.gov/>

[Social Security Administration](#) Visit Business Services Online; a suite of applications enabling organizations and authorized individuals to conduct business with the Social Security Administration. This includes filing Forms W-2 electronically for free.

<http://www.socialsecurity.gov/>

[U.S. Department of Labor](#) The Employers' page provides information on Wages and Work Hours, Workplace Safety and Health, and Retirement and Health Benefits. <http://www.dol.gov/>

[State Links](#) This IRS.gov link will allow you to connect to your state's website for small business information.

<http://www.irs.gov/businesses/small/article/0,,id=101082,00.html>

[Department of Agriculture - Office of Small & Disadvantaged Business Utilization](#) The Mission of this office is to provide maximum opportunities for small businesses to participate in USDA contracting activities. <http://www.usda.gov/osdbu/>

[Business.gov](#) the official business link to the U.S. Government, is managed by the [U.S. Small Business Administration \(SBA\)](#) in a [partnership with 21 other federal agencies](#)

[FirstGov.gov](#) and [FirstGov En Español](#) As the U.S. government's official web portal, FirstGov.gov makes it easy for the public to get U.S. government information and services on the web. FirstGov.gov also serves as the catalyst for a growing electronic government.



# ALCOHOL BEVERAGE LICENSE APPLICATION CHECKLIST

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

PLEASE REFER TO THE ALCOHOL BEVERAGE LICENSE INFORMATION SHEETS FOR DETAILED INFORMATION.

## I. MUST BE COMPLETED PRIOR TO SCHEDULING BEFORE THE LICENSES COMMITTEE:

- a. Submit Application and Proof of Ownership, Lease or Offer to Purchase the Building to License Division
- b. Pay \$10.00 Publication Fee
- c. Post Notice of Public Interest and return the Statement of Notice of Public Interest Posting to License Division
- d. Report for Fingerprinting
- e. Receive letter regarding and complete police interview
- f. Contact Alderman's Office/address neighborhood concerns
- g. License Division receives police report

## II. APPROVAL/DENIAL:

- a. Receive notice for and attend License Committee Meeting (*Attendance required*)
- b. Common Council Meeting (*Attendance is not required*)

## III. COMPLETE ANYTIME PRIOR TO ISSUANCE OF THE LICENSE:

- a. Contact Health Department
- b. Contact Neighborhood Services

***The License Division must receive a faxed release from the Health Department and Neighborhood Services before your license will be issued.  
A verbal approval from an inspector is not acceptable.***

- c. Occupancy Permit \*
- d. State Sellers Permit \*
- e. Corporation/LLC Register with Department of Financial Institutions \*
- f. Non-Profit Organizations Register with Internal Revenue Service, Dept. of Treasury \*

***\*See Alcohol Beverage License Information sheets (ccl-119)  
for important information regarding these items.***

- g. Pay License Fees
- h. Responsible Beverage Server Course

## IV. ALSO REMEMBER TO:

- a. Post License in a conspicuous place in your establishment
- b. Report in writing any changes regarding your application to the License Division within 10 Days
- c. Renew each year by the "File By" Date on the Renewal Information Sheets to ensure that there is not a lapse in your license

**Please Note: The minimum processing time for an application is 5-6 weeks.**



**CITY OF MILWAUKEE  
AUTHORIZED REPRESENTATIVE STATEMENT**

*This form is only required if you wish someone other than yourself (or your partner or the agent and/or officers/members of your Corporation/LLC) to pick up your license(s),*

**To the City of Milwaukee - License Division:**

I, \_\_\_\_\_  
(Name of individual, partners, or agent of corporation or LLC)

\_\_\_\_\_  
(Name of Corporation or Limited Liability Company)

\_\_\_\_\_ licensee  
(License Type)

at \_\_\_\_\_  
(Premise Address, if applicable)

**Authorize the following individual(s) to pick-up my licenses:**

1) Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address (include city/state/zip): \_\_\_\_\_  
Phone # \_\_\_\_\_

2) Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address (include city/state/zip): \_\_\_\_\_  
Phone # \_\_\_\_\_

3) Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address (include city/state/zip): \_\_\_\_\_  
Phone # \_\_\_\_\_

4) Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address (include city/state/zip): \_\_\_\_\_  
Phone # \_\_\_\_\_

Name: \_\_\_\_\_  
(individual, partner, agent, officer or member)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_, 20\_\_\_\_; ;  
 ending \_\_\_\_\_, 20\_\_\_\_\_

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY  
 Aldermanic District No. \_\_\_\_\_

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION  NONPROFIT ORGANIZATION

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): ▶ \_\_\_\_\_

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/>	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/>	\$
Publication Fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

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 for 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 ▶ \_\_\_\_\_ Business Phone Number \_\_\_\_\_

4. Address of Premises ▶ \_\_\_\_\_ Post Office & Zip Code ▶ \_\_\_\_\_

5. Is individual, partners or agents of corporation/ limited liability company subject to completion of the responsible beverage server training course for this license period? .....  Yes  No

6. Is the applicant an employe or agent of , or acting on behalf of anyone except the named applicant? .....  Yes  No

7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ...  Yes  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? .....  Yes  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? .....  Yes  No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in section 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 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 this past license year? .....  Yes  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) before beginning business? [phone 1-800-937-8864] .....  Yes  No

13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [(608) 266-2776].....  Yes  No

14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? .....  Yes  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 another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of 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 \_\_\_\_\_ day of \_\_\_\_\_, 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 \_\_\_\_\_

\_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK:

Date received and filed with municipal clerk	License number issued	Date license granted



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)			(first name)	(middle name)	Social Security Number	
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 following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)  
which is making application for an alcohol beverage license.

The **above named individual** provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_  
 (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? . . . . .  Yes  No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? . . . . .  Yes  No  
 (b) Have you ever been convicted of any violations of any county or municipal ordinances? . . . . .  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
 \_\_\_\_\_
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? . . . . .  Yes  No  
 If yes, describe status of charges pending. \_\_\_\_\_
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? . . . . .  Yes  No  
 If yes, identify. \_\_\_\_\_  
 (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 license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? . . . . .  Yes  No  
 (If yes, identify.) \_\_\_\_\_  
 (Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Clerk/Notary Public) (Signature of Named Individual)

My commission expires \_\_\_\_\_

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	Social Security Number	
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 following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)  
which is making application for an alcohol beverage license.

The **above named individual** provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_  
 (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? . . . . .  Yes  No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? . . . . .  Yes  No  
 (b) Have you ever been convicted of any violations of any county or municipal ordinances? . . . . .  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
 \_\_\_\_\_
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? . . . . .  Yes  No  
 If yes, describe status of charges pending. \_\_\_\_\_
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? . . . . .  Yes  No  
 If yes, identify. \_\_\_\_\_  
 (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 license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? . . . . .  Yes  No  
 (If yes, identify.) \_\_\_\_\_  
 (Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Clerk/Notary Public) (Signature of Named Individual)

My commission expires \_\_\_\_\_

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)			Social Security Number		
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 following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)  
which is making application for an alcohol beverage license.

The **above named individual** provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_  
 (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? . . . . .  Yes  No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? . . . . .  Yes  No  
 (b) Have you ever been convicted of any violations of any county or municipal ordinances? . . . . .  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
 \_\_\_\_\_
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? . . . . .  Yes  No  
 If yes, describe status of charges pending. \_\_\_\_\_
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? . . . . .  Yes  No  
 If yes, identify. \_\_\_\_\_  
 (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 license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? . . . . .  Yes  No  
 (If yes, identify.) \_\_\_\_\_  
 (Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Clerk/Notary Public) (Signature of Named Individual)

My commission expires \_\_\_\_\_

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)			(first name)		(middle name)		Social Security Number	
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 following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)  
which is making application for an alcohol beverage license.

The **above named individual** provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_  
 (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? . . . . .  Yes  No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? . . . . .  Yes  No  
 (b) Have you ever been convicted of any violations of any county or municipal ordinances? . . . . .  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
 \_\_\_\_\_
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? . . . . .  Yes  No  
 If yes, describe status of charges pending. \_\_\_\_\_
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? . . . . .  Yes  No  
 If yes, identify. \_\_\_\_\_  
 (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 license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? . . . . .  Yes  No  
 (If yes, identify.) \_\_\_\_\_  
 (Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Clerk/Notary Public) (Signature of Named Individual)

My commission expires \_\_\_\_\_

**ADDENDUM TO ORIGINAL ALCOHOL BEVERAGE  
LICENSE APPLICATION**

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.**

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_  
Print name of Individual/Partner/Agent

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin

\_\_\_\_\_  
Signature of Individual/Partner/Agent

My Commission expires \_\_\_\_\_

Notary Seal must be affixed

\*\*\*\*\*  
Office Use Only

Initials \_\_\_\_\_ Date Filed \_\_\_\_\_ LICENSE TYPE & NO. \_\_\_\_\_

# ALCOHOL BEVERAGE CORPORATIONS/LIMITED LIABILITY COMPANY - STATEMENT OF STOCK OWNERSHIP

This statement is required of all corporations or limited liability companies applying for an Alcohol Beverage License in the City of Milwaukee (see Sec. 90-7(2) Milwaukee Code). All persons who individually own 10% or more of the total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below. **NOTE: Penalties for submitting false statements or affidavits are provided in Sec. 90-5(2) of the MCO.**

Print Legibly or Type

Name of Corporation/LLC: \_\_\_\_\_

Address of Licensed Premises: \_\_\_\_\_

## **STOCKHOLDERS**

### Stockholder #1

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

### Stockholder #2

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

### Stockholder #3

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

### Stockholder #4

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

### Stockholder #5

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

(if more space is required, attach additional sheets in duplicate)

**We understand that transfers of stock must be reported to the City Clerk within 10 days after such transfer.**

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Officer of Corporation/Member of LLC

\_\_\_\_\_  
Notary Public, State of Wisconsin

\_\_\_\_\_  
Signature of Officer of Corporation/Member of LLC

My Commission expires: \_\_\_\_\_

**NOTARY SEAL MUST BE AFFIXED**

ccl-124e 1/22/09



# Plan of Operation Supplement for Retail Alcohol Beverage License Application

OFFICE OF THE CITY CLERK LICENSE DIVISION  
 200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
 (414) 286-2238 EMAIL: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)

Your application will be returned for failure to fill out this 4 page form completely and correctly, and submit the required Detailed Floor Plan as outlined on page 3.

Address of Premises:	Business Telephone Number:
Business Mailing Address - ONLY if different from address of premises (include City, State, Zip Code):	
Business Internet/E-mail Address:	Business Fax Number:
Property Owner's Name:	Property Owner's Phone Number:
Property Owner's Address (include City, State, Zip Code):	
Are you taking out this application for anyone that may not be eligible for a license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list name and address:	
Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, list name and address of person who will: _____	
<small>Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.</small>	
Does anyone else have money invested or any other interest in this business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain:	
Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name and address:	
What types of business do you or will you conduct at this location? (check all that apply): (Other licenses/permits may be required to operate your business.) <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Cafe/Coffee Shop <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Grocery Store <input type="checkbox"/> Convenience Market <input type="checkbox"/> Bowling Center(Bowling Alley license required) <input type="checkbox"/> Billiard Center(Billiard Hall & Pool Table licenses required) <input type="checkbox"/> Comedy Club(Cabaret license required) <input type="checkbox"/> Catering(sales only allowed on the premises issued an alcohol beverage license) <input type="checkbox"/> Hotel <input type="checkbox"/> Indoor Golf Facility <input type="checkbox"/> Video Game Center-6 or more games(Video Game Center license required) <input type="checkbox"/> Night Club(Dance or Cabaret license required) <input type="checkbox"/> Veterans Club <input type="checkbox"/> Brew Pub <input type="checkbox"/> Tavern <input type="checkbox"/> Fraternal Club <input type="checkbox"/> Volleyball Court(Permanent Extension of Premises required) <input type="checkbox"/> Theater(Cabaret license required) <input type="checkbox"/> Wine Tasting Room <input type="checkbox"/> Private Sports Club <input type="checkbox"/> Liquor Store <input type="checkbox"/> Department Store <input type="checkbox"/> Drug Store <input type="checkbox"/> Gift Shop <input type="checkbox"/> Museum <input type="checkbox"/> Center for the Visual and Performing Arts(CTRPA & Cabaret licenses required)	
What other types of licenses or permits will you or do you hold at this location? (check all that apply): <input type="checkbox"/> Occupancy Permit(all businesses should apply at the Permit Desk) <input type="checkbox"/> Cigarette(apply at the License Division) <input type="checkbox"/> Food(apply at the Health Dept) <input type="checkbox"/> Gas Station <input type="checkbox"/> Extended Hours(apply at the License Division) <input type="checkbox"/> Other(s): _____	
If applying for a Class B or C license, what type of food service will you have at this location? (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Prepackaged Foods <input type="checkbox"/> Snacks <input type="checkbox"/> Appetizers <input type="checkbox"/> Catered Events <input type="checkbox"/> Full Meals - Hours of Food Service – From: _____ To: _____ (attach additional sheets as necessary)	
If applying for a Class B or C license, are you applying for "Service Bar Only"? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>"Service Bar Only" means that customers cannot sit at the bar. Alcohol is served only to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.</small>	

What percentage of your total sales will be from the sales of alcohol beverages? \_\_\_\_\_%

Is there at least 300 feet between the building and any church, school or hospital?  Yes  No

Do you have any future plans for other businesses, licenses or permits at this location?  Yes  No  
If yes, explain:

Is this premises under construction?  Yes  No If yes, list estimated completion date:

Is this a franchise?  Yes  No

Is this premises currently licensed?  Yes  No If yes, list type of license:

Is the current licensee operating?  Yes  No If no, list date closed:

**HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY**

Day of the Week	Current Hours of Operation: (Does not apply to New Applicants)		Proposed Hours of Operation: (If same as the current hours, write "same")		Number of Customers expected each day	Class B Taverns: Age Restriction for each day (if over 21) (This is optional) If none, write "none"
	Open	Close	Open	Close		
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Prohibited Hours of Operation: Class A: 9:00 PM to 8:00 AM  
Class B/C: Monday thru Friday 2:00 AM – 6:00 AM; Class B/C: Saturday thru Sunday 2:30 AM – 6:00 AM

Legal Capacity/Occupancy of Premises: <input type="text"/> (does not include Class A) <i>Call (414) 286-8211 if you have questions.</i>	Number of Parking Spaces on the Premises: <input type="text"/> (do <u>not</u> include street parking) (if none, write "0")
---	--

**LITTER/GARBAGE:**

**What are your plans to keep the grounds clean (check all that apply):**  Sweep  Pressure Wash  
 Pick Up Litter  Hired Maintenance  Building Owner's Responsibility  Garbage Cans Outside  
 Other: \_\_\_\_\_

**Who is responsible to keep the grounds clean?**  Licensee  Building Owner  Employees  Hired Maintenance  
 Other: \_\_\_\_\_

**How often?**  Daily  Weekly  Other: \_\_\_\_\_

**NOISE: How are noise issues addressed (check all that apply):**  Security  Manager approaches customer(s)  
 Call police  Signs posted  Other: \_\_\_\_\_

Briefly describe the type of business you plan to operate if granted a license (attach additional sheets as needed):

---



---



---

### **DETAILED FLOOR PLAN**

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- **Any application submitted without the detailed floor plan (including all required items as listed below) will be returned.**
- Even if the premises has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch sized paper.
- A separate sheet of paper must be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.
- Even if the basement is being used for alcohol storage only, a floor plan is still required for the basement.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

### **THE FLOOR PLAN MUST INCLUDE ALL OF THE FOLLOWING ITEMS:**

1.  Dimensions of the Premises and
2.  Total Square Feet of the Premises (length x width = square feet)
3.  Label all entrances and exits
4.  Label all alcohol storage areas (coolers, etc.) and
5.  Provide dimensions of all alcohol storage areas (length x width)
6.  Label all alcohol display areas (behind the bar, shelves, etc.) and
7.  Provide dimensions of all alcohol display areas (length x width)
8.  Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)
9.  Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes) and
10.  Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
11.  Label all parking areas on the premises (do not include street parking) (This is required even if the parking is shared, for example, a strip mall.) and
12.  Provide dimensions of all parking areas available on the premises (length x width). The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
13.  Mark the North point (N ↑) on each page
14.  Write the Date on each page
15.  Write the Legal Entity Name (and Agent's Name if a corporation or LLC) on each page
16.  Write the Trade (Business) Name on each page
17.  Write the Premises address on each page

**Change of Agent Applicants Only:**

Have there been any changes to the floor plan since the last application was submitted?  Yes  No  
If no, a new floor plan is not required. If yes, explain the change(s) \_\_\_\_\_  
\_\_\_\_\_ and submit a new floor plan.

**ALL NEW & TRANSFER APPLICANTS:**

**SUBMIT Proof of Ownership, Lease or Offer to Purchase the Building with this application.**

A Lease or Offer to Purchase must:

- 1) be in the same legal entity name as that applying for the license
- 2) reflect the same address as the premises address on this application
- 3) reflect current dates and
- 4) be signed by the lessor/seller and leasee/buyer

**Lease or Offer to Purchase may be contingent upon the license being granted.**

Do you own or lease the building? Check one: Own  Lease

Who owns the fixtures (ie. Coolers, etc.)? \_\_\_\_\_

If you are purchasing the stock and/or fixtures, what did you pay for them? \$ \_\_\_\_\_

Total Amount Paid for the Business: \$ \_\_\_\_\_

Amount Paid for the Goodwill of the Business: \$ \_\_\_\_\_

*Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.*

Have you made arrangements with the seller for payment of the personal property taxes?  Yes  No

**IF YOU LEASE THE BUILDING, ANSWER THE FOLLOWING QUESTIONS:**

Date lease begins: \_\_\_\_\_ Expires: \_\_\_\_\_

Monthly rental: \$ \_\_\_\_\_

Do you have an option to renew the lease?  Yes  No

Does your lease allow for the assignment to another party without the consent of the owner?  Yes  No

For what length of time have you been guaranteed occupancy? (number of years) \_\_\_\_\_

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  Yes  No If yes, explain: \_\_\_\_\_

Does the present owner or occupant object to the granting of your license?  Yes  No

If yes, explain: \_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Signature of Individual/Partner/Officer/Member

Notary Public, State of Wisconsin

My commission expires: \_\_\_\_\_

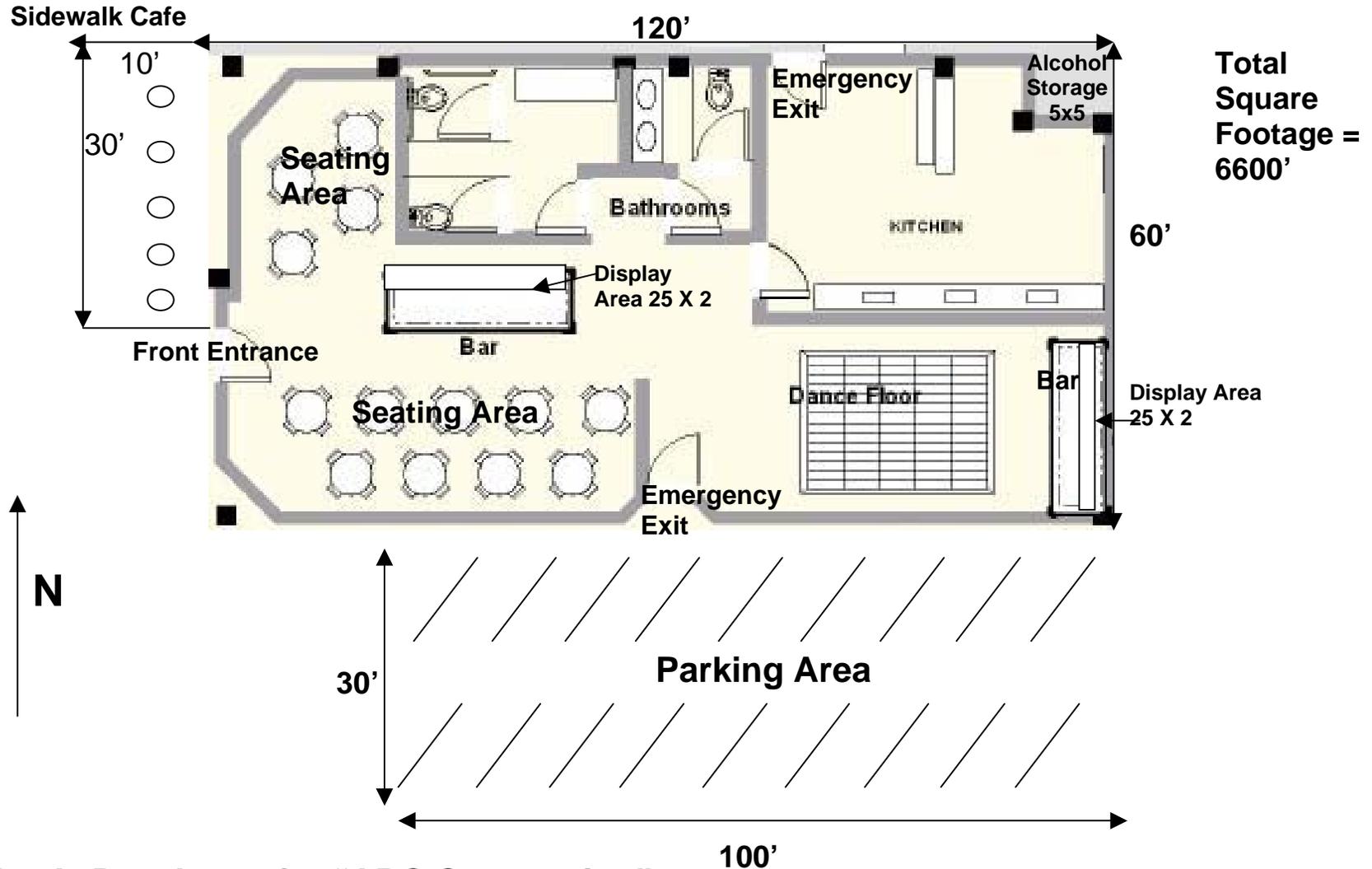
\_\_\_\_\_  
Signature of Partner/Officer/Member

**Notary Seal must be affixed**

Warning: Penalty provided for submitting false statements and affidavits with this application.  
(Section 90-5(2), Milwaukee Code of Ordinances.)

Your application will be returned for failure to fill out this 4 page form completely and correctly, and submit the required Detailed Floor Plan as outlined on page 3.

**Floor Plan Sample:** Please see page 3 of the Plan of Operation for a list of all items that **must** be included. ***Reminder: The areas for Alcohol Beverage Storage and Display must be included and the dimensions must be given. This includes basement storage.***



**Total  
Square  
Footage =  
6600'**

**John A. Doe Agent for "ABC Corporation"**  
**"My Bar"**  
**122 Any Street**  
**Date: June 1, 2005**



## CLASS "B" AND "C" ALCOHOL BEVERAGE ESTABLISHMENT ENTERTAINMENT LICENSES

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238      EMAIL: LICENSE@MILWAUKEE.GOV

Alcohol beverage establishments holding a Class "B" tavern, Class "B" fermented malt beverage or Class "C" wine license are permitted to provide entertainment on the premises provided the establishment first holds the appropriate entertainment or amusement machine license.

The type of entertainment or amusement machine license held by the establishment restricts the type of entertainment permitted. See Table 1 below and Table 2 on Page 2.

**Table 1. Types of Entertainment Permitted Under Each Type of Amusement Machine License.**

<b>Type of Amusement Machine License</b>	<b>Number of Coin Operated Amusement Machines Permitted</b>	<b>"Peep Shows" Permitted</b>	<b>Pool Tables Permitted [1]</b>	<b>Jukebox Permitted [1]</b>
Amusement Machine Premises Permit (Fee: \$100)	5 or fewer	No	No	No
Video Game Center License (Fee: \$575)	6 or more	No	No	No

### **Disqualification Period After Denial:**

Whenever an application for any entertainment license is denied, no other application by the same applicant for the same or any other entertainment license at the same premises shall be recommended for approval by the Licensing Committee for a period of 12 months following the date of the denial.

### **Disqualification Period After Withdrawal:**

Whenever an application for any entertainment license is withdrawn after commencement of a Licensing Committee hearing on the application, no other application by the same applicant for the same or any other entertainment license at the same premises shall be recommended for approval by the Licenses Committee for a period of 6 months following the withdrawal date.

**[1] Separate Licenses Required.** Amusement machines do not include pool tables or jukeboxes, the operation of which require the holding of separate pool table and phonograph jukebox premises licenses.

**[2] When License Not Required.** On New Year's Eve and New Year's Day, any alcohol beverage establishment holding a Class "B" tavern, Class "B" fermented malt beverage or Class "C" wine license is permitted to provide live music and allow dancing on the premises without an entertainment license, and without any restrictions relating to permitted hours of entertainment.

**[3] Pre-Recorded Music Machine Premises License.** Includes the operation of any pre-recorded music machine -- record spins, disk jockeys, karaoke machines, etc. -- by a person other than the licensee. Not required to operate radios or coin operated phonographs.

**[4] Certain Costumes Prohibited.** Regulations relating to clothing standards are established under s. 90-22, Milwaukee Code of Ordinances.

**Table 2. Types of Entertainment Permitted Under Each Type of Entertainment License or Permit.**

Type of Entertainment License [2]	Playing of Musical Instruments	Singing by Performers	Dancing by Patrons	Dancing by Performers	Playing of Pre-Recorded Music Machines [3]	Floor Shows, Cabaret Performances	Prohibited Hours of Entertainment [2]
Tavern Amusement License (Fee: \$2,000)	Yes	Yes	Yes	Yes	Yes	Yes [4]	Not permitted after 2:00 a.m. every day, except Saturdays/Sundays (not after 2:30 a.m.); not before 9:00 a.m. every day except Sundays (not before 10:30 a.m.).
Tavern Dance License (Fee: \$300)	Yes	Only by persons actually engaged in playing of musical instruments	Yes	No	Yes	No	Not permitted after 1:00 a.m. every day, except Sundays (not after 1:30 a.m.); not before 9:00 a.m. every day except Sundays (not before 10:30 a.m.).
Instrumental Music License (Fee: \$165)	Yes	Only by persons actually engaged in playing of musical instruments	No	No	No	No	Not permitted after 1:00 a.m. every day, except Sundays (not after 1:30 a.m.); not before 9:00 a.m. every day except Sundays (not before 10:30 a.m.).
Pre-Recorded Music Machine Premises License (Fee: \$60)	No	No	No	No	Yes	No	Not permitted after 1:00 a.m. every day, except Sundays (not after 1:30 a.m.); not before 9:00 a.m. every day except Sundays (not before 10:30 a.m.).
Special Party Permit (Fee: \$50 to \$100)	This permit (formerly "special dancing permit") authorizes persons holding a Class "B" tavern, Class "B" fermented malt beverage or Class "C" wine license to offer, if specifically approved, any of the types of entertainment permitted under the other types of entertainment licenses, but on a restricted and temporary basis only.						Not permitted after 1:00 a.m. every day, except Sundays (not after 1:30 a.m.); not before 9:00 a.m. every day except Sundays (not before 10:30 a.m.).



# CITY OF MILWAUKEE ALCOHOL BEVERAGE RELATED LICENSES APPLICATION

Business Name:	Business Address:
----------------	-------------------

Check One:  Individual  Partnership  Corp/LLC – Name of Corp/LLC: \_\_\_\_\_

Name of Individual, Partners or Agent of Corp/LLC:	Date of Birth:
Home Address:	Phone Number:

Check Licenses You Are Applying For:	Fees:	Check Licenses You Are Applying For:	Fees:
<input type="checkbox"/> Amusement/Cabaret	\$2,000.00 \$	<input type="checkbox"/> Cigarette & Tobacco License	\$100.00 \$
<input type="checkbox"/> Dance	\$300.00 \$	Must also complete the Application for Cigarette & Tobacco Products License	
<input type="checkbox"/> Instrumental Music	\$165.00 \$	<input type="checkbox"/> Pool Tables - How many? _____ x \$40.00 each	\$
<input type="checkbox"/> Record Spin – No Dancing	\$60.00 \$	If 3 or more, also need Billiard Hall	
<input type="checkbox"/> Bowling Alley-How many? _____ x \$25.00 each	\$	<input type="checkbox"/> Phonograph/Jukebox Premises	\$100.00 \$
<b>6 GAME MACHINES OR MORE ON THE PREMISES</b> <input type="checkbox"/> Video Game Center \$575.00 \$ <input type="checkbox"/> If you OWN the games, list how many _____  <input type="checkbox"/> If a distributor owns the games, list how many _____ AND Name of Distributor _____		<input type="checkbox"/> If you OWN the jukebox(es), list how many _____	
		<input type="checkbox"/> If the distributor owns the jukebox(es), list how many _____	
		AND Name of Distributor _____	
		<input type="checkbox"/> Amusement Game Premises	\$100.00 \$
<input type="checkbox"/> Billiard Hall (3 or more pool tables)	\$150.00 \$	<input type="checkbox"/> If you OWN the games, list how many _____	
Also need license for each Pool Tables		<input type="checkbox"/> If a distributor owns the games, list how many _____	
<b>All of the above licenses (this column only) require License Committee action and should be applied for at the same time as the Class "B" or "C" license.</b>		AND Name of Distributor _____	
<b>Total of Column A: \$</b>		<b>Total of Column B: \$</b>	

**Total of Column A + Column B = \_\_\_\_\_ + fee for Class "B" or "C" license**  
**Please make ONE check payable to: City of Milwaukee**

The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned 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 (except Class "B" Taverns), 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 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 have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual/Partner/Officer/Member

\_\_\_\_\_  
Signature of Partner/Officer/Member

**NOTARY SEAL MUST BE AFFIXED**

**OFFICE USE ONLY**  
 INITIALS \_\_\_\_\_ License# \_\_\_\_\_ FILED \_\_\_\_\_ AD# \_\_\_\_\_ TAG(S)# \_\_\_\_\_  
 IF ANY PRIMARY LICENSE(S), LIST TYPE AND NUMBER \_\_\_\_\_ GRANTED \_\_\_\_\_ ISSUED \_\_\_\_\_



## ALCOHOL BEVERAGE ENTERTAINMENT SUPPLEMENT

**[!]** This form to be completed **ONLY** by AMUSEMENT/CABARET, DANCE, INSTRUMENTAL MUSIC and RECORD SPIN license applicants.

**1. Premise Address:** \_\_\_\_\_

**2. Name of Legal Entity:** \_\_\_\_\_

**3. New Applicants Only:** Have you, within 2 years of the date of this application, held in the city of Milwaukee either a public entertainment club (formerly "public dance hall") or Class "B" or "C" premises license?     **Yes**     **No**

If "**Yes**", then list address of location(s): \_\_\_\_\_

**4. Check (✓) the type of Tavern Entertainment license for which you are applying AND complete the required Sections A to D in order to describe, pursuant to s. 90-35, Milwaukee Code of Ordinances, the type and general nature of entertainment that you will provide.**

<input type="checkbox"/>	<p><b>Tavern Amusement ("Cabaret/Night Club") License</b></p> <p>Allows entertainment or exhibitions consisting of music, dancing, singing, floorshows and cabaret performances. Includes Dance, Instrumental Music &amp; Record Spin.</p> <p>Not permitted after 2:00 a.m. every day, except Saturdays/Sundays (not after 2:30 a.m.); not before 9:00 a.m. every day except Sundays (not before 10:30 a.m.).</p>	<p>Complete sections <b>A, B &amp; C.</b></p>
<input type="checkbox"/>	<p><b>Tavern Dance License</b></p> <p>Allows dancing on the premises by patrons only. Dancing by performers is not allowed. This license also allows the playing of pre-recorded music machines (Record Spin) and Instrumental Music by musicians. Singing is permitted if done by the persons actually engaged in the playing of the musical instruments.</p> <p>Not permitted after 1:00 a.m. every day, except Sundays (not after 1:30 a.m.); not before 9:00 a.m. every day except Sundays (not before 10:30 a.m.).</p>	<p>Complete sections <b>A &amp; C.</b></p>
<input type="checkbox"/>	<p><b>Instrumental Music License</b></p> <p>Allows the playing of instrumental music only, with singing on the part of and only by persons actually engaged in the playing of such musical instruments. Does not include Record Spin. No dancing allowed.</p> <p>Not permitted after 1:00 a.m. every day, except Sundays (not after 1:30 a.m.); not before 9:00 a.m. every day except Sundays (not before 10:30 a.m.).</p>	<p>Complete sections <b>A &amp; C.</b></p>
<input type="checkbox"/>	<p><b>Record Spin License</b></p> <p>Allows DJs, karaoke and CD players. No dancing allowed.</p> <p>Not permitted after 1:00 a.m. every day, except Sundays (not after 1:30 a.m.); not before 9:00 a.m. every day except Sundays (not before 10:30 a.m.).</p>	<p>Complete sections <b>A &amp; C.</b></p>

**Note:** On New Year's Eve and New Year's Day, any alcohol beverage establishment holding a Class "B" tavern, Class "B" fermented malt beverage or Class "C" wine license is permitted to provide live music and allow dancing on the premises without an entertainment license, and without any restrictions relating to permitted hours of entertainment.

**Continued >>>**

<b>Section A</b>	<b>5. Check (✓) all of the types of music that will be played. (Listing "Variety" is not an acceptable answer.)</b>				
	<input type="checkbox"/> Blues	<input type="checkbox"/> Dance – R&B	<input type="checkbox"/> Irish	<input type="checkbox"/> Polka	<input type="checkbox"/> List Other:
	<input type="checkbox"/> Classic R&B	<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Jazz	<input type="checkbox"/> Rap	
	<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Folk	<input type="checkbox"/> Latin Pop	<input type="checkbox"/> Reggae	<input type="checkbox"/> List Other:
	<input type="checkbox"/> Contemporary R&B	<input type="checkbox"/> Hard Rock	<input type="checkbox"/> Mexican	<input type="checkbox"/> Techno	
	<input type="checkbox"/> Country	<input type="checkbox"/> Heavy Metal	<input type="checkbox"/> Modern Rock	<input type="checkbox"/> Top 40	<input type="checkbox"/> List Other:
<input type="checkbox"/> Dance – Pop	<input type="checkbox"/> Hip – Hop	<input type="checkbox"/> New Age	<input type="checkbox"/> Tropical		

<b>Section B</b>	<b>6. Check (✓) all that apply.</b>	
	<b>[!] This section Tavern Amusement ("Cabaret/Night Club") license applicants only.</b>	
	<input type="checkbox"/> <b>Battle of Bands</b>	<input type="checkbox"/> <b>Dancing by Performer(s):</b> Description required ► _____
	<input type="checkbox"/> <b>Comedy Acts</b>	_____
	<input type="checkbox"/> <b>Disc Jockey</b>	<input type="checkbox"/> <b>Fashion Shows:</b> Description required ► _____
	<input type="checkbox"/> <b>Live Musicians</b>	_____
	<input type="checkbox"/> <b>Magic Shows</b>	<input type="checkbox"/> <b>Exotic Dancers/Strippers/Adult Entertainment:</b> Description required ► _____
	<input type="checkbox"/> <b>Poetry Readings</b>	_____
	<input type="checkbox"/> <b>Solo Singers or Groups</b>	<input type="checkbox"/> <b>Patron Contests/Wrestling:</b> Description required ► _____
<input type="checkbox"/> <b>Rapping, Rap Contests</b>	_____	
<input type="checkbox"/> <b>Other:</b> Description required ► _____	_____	

**Want to Change Entertainment?** If (after the license has been granted or issued) you wish to change or deviate from the type(s) of entertainment listed in your Certificate of Authorized Entertainment, hold entertainment in any new outside area, or change the hours or days outside entertainment will be held, then you must first submit a "Request to Change Plan of Operation for Amusement License."

**[!] No change in entertainment is allowed unless and until the request is approved by the Common Council AND a new Certificate of Authorized Entertainment has been issued.**

**Continued >>>**

**I (we) the undersigned:**

1. Understand that if a premises has been denied a Tavern Amusement, Tavern Dance, Instrumental Music or Record Spin license or Special Party Permit, then no Tavern Amusement, Tavern Dance, Instrumental Music or Record Spin license or Special Party Permit can be recommended for approval for a period of 12 months from the date of denial of the license or permit.
2. Understand that if a Tavern Amusement, Tavern Dance, Instrumental Music or Record Spin license or Special Party Permit application has been withdrawn after commencement of a Licensing Committee hearing on the application, then no Tavern Amusement, Tavern Dance, Instrumental Music or Record Spin license or Special Party Permit can be recommended for approval for the premises for a period of 6 months from the date of withdrawal of the license or permit application.
3. Have a knowledge of the City Ordinances currently regulating these licenses and being duly sworn under oath, depose and say that I am (we are) the person (s) and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

▶ \_\_\_\_\_  
Signature of Individual/Partner/Officer/  
Member

▶ \_\_\_\_\_  
Notary Public, State of Wisconsin

▶ \_\_\_\_\_  
Signature of Partner/Officer/Member

My Commission expires \_\_\_\_\_

**NOTARY SEAL MUST BE AFFIXED**

# Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship)			Federal Employer Identification No. (FEIN)	
Trade or Business Name (if different than Legal Name)			Telephone Number ( )	
Business Address (Permit Location)		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )
City	State	ZIP Code	County	
Mailing Address (if different than Business Address)			City	State ZIP Code

Organization (check one)

Sole Proprietor  \_\_\_\_\_

Partnership  Out-of-State Corpyou registered to do business in Wisconsin?  YES  NO

Corporation Wisconsin Corporation - Enter date incorporated: \_\_\_\_\_

- YES  NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES  NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES  NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES  NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES  NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES  NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES  NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES  NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco/index.html](http://www.doj.state.wi.us/dls/tobacco/index.html) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of 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

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(Clerk / Notary Public)

My commission expires \_\_\_\_\_