# AUXILIARY QUESTIONNAIRE
# ALCOHOL BEVERAGE LICENSE APPLICATION

*Submit to municipal clerk.*

| INDIVIDUAL'S FULL NAME (Please Print) (Last Name) (First Name) (Middle Name) | | MAIDEN/FORMER NAME | SOCIAL SECURITY NUMBER | |
|---|---|---|---|---|
| HOME ADDRESS (Street/Route) | | POST OFFICE | 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 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 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 permit or wholesale liquor 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)

My commission expires _____

_____
(SIGNATURE OF NAMED INDIVIDUAL)