Original Alconol Bev	erage Ketali Lice	ense Application	Applicant's WI Seller's Permit No.: FEIN	√ Number:
Submit to municipal clerk.			LICENSE REQUESTED >	
For the license period beginning ; ending ; 20 ;			TYPE	FEE
ending		; ; ;	Class A beer	\$
			Class B beer	\$
	☐ Town of ☐		Class C wine	\$
TO THE GOVERNING BODY of th	e: U Village of		Class A liquor	\$
	☐ City of		☐ Class A liquor (cider only)	\$ N/A
Otf	Aldama Dist Na	(1)	☐ Class B liquor	\$
County of	Aldermanic Dist. No	(if required by ordinance)	Reserve Class B liquor	\$
		¬	☐ Class B (wine only) winery	\$
1. The named Individual		Limited Liability Company	Publication fee	\$
•	Ionprofit Organization		TOTAL FEE	\$
hereby makes application for the a	- ' '			Ψ
Name (individual/partners give las	t name, first, middle; corporation	ns/limited liability companies give r	egistered name):	
	r, director and agent of a corp , title, and place of residence of Name (La:	oration or nonprofit organization each person. st, First, M.I.) Ho	on by each individual applicant, b n, and by each member/manager a ome Address Post	
Treasurer/Member				
Agent ▶ Directors/Managers				
•			ss Phono Number	
	B. Trade Name ▶ Business Phone Number 4. Address of Premises ▶ Post Office & Zip Code ▶			
			•	
- · · · · · · · · · · · · · · · · · · ·	iod?			
6. Is the applicant an employe or age				
7. Does any other alcohol beverage	retail licensee or wholesale perr	mittee have any interest in or contro	ol of this business?	Yes No
8. (a) Corporate/limited liability co	mpany applicants only: Inse	ert state and o	date of registration.	
		of any other corporation or limited I gent or limited liability company, or	liability company?	Yes No
			· · · · · · · · · · · · · · · · · · ·	Yes No
		ery YES answer in sections 5, 6, 7		
Premises description: Describe bu all rooms including living quarters,	uilding or buildings where alcoho if used, for the sales, service, o	ol beverages are to be sold and sto	red. The applicant must include obtol beverages and records. (Alcoho	ol beverages
10. Legal description (omit if street ad	dress is given above):			
11. (a) Was this premises licensed fo (b) If yes, under what name was I		g the past license year?		Yes No
12. Does the applicant understand the	ey must register as a Retail Bevo	erage Alcohol Dealer with the feder before beginning business? [pho	ral government, Alcohol and one 1-877-882-3277]	Yes No
13. Does the applicant understand the	ey must hold a Wisconsin Seller		-	Yes No
14. Does the applicant understand that				
READ CAREFULLY BEFORE SIGNING: knowledge of the signer. Any person who kr this business according to law and that the a partnership applicant must sign; one corp during inspection will be deemed a refusal to	nowingly provides materially false in rights and responsibilities conferred porate officer, one member/manage	nformation on this application may be red by the license(s), if granted, will not be of Limited Liability Companies must sa misdemeanor and grounds for revo	equired to forfeit not more than \$1,000. So be assigned to another. (Individual appli- sign.) Any lack of access to any portion	Signer agrees to operaticants, or one member on of a licensed premise
TO BE COMPLETED BY CLERK				
Date received and filed with municipal clerk Date	ate reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk	
			<u> </u>	
Date license granted Da	ate license issued	License number issued		

AT-106 (R. 7-18)
Wisconsin Department of Revenue