



Village of Theresa Alcohol License Holder:

The renewal packet and a copy of this letter have been **emailed to all liquor license holders** with emails on file at the Village of Theresa. If you would like the packet to be emailed to a specific email address, please contact our office.

If you are receiving this document electronically, you may access the forms electronically by clicking the form links below.

NOTE: All updated forms are required and due no later than Friday, May 30th, 2025.
NO EXCEPTIONS.

All licenses and permits will be presented to the Village Board for consideration on June 16, 2025.

BUSINESSES RETURNING APPLICATIONS AFTER MAY 30th WILL BE CONSIDERED LATE AND MAY NOT BE ON THE VILLAGE BOARD JUNE 18th AGENDA.

LATE APPLICANTS WILL NOT HAVE AN ALCOHOL LICENSE ON JULY 1, 2025.

Please read the instructions for each document below. Only completed applications will be accepted.

AB-200 - Renewal Alcohol Beverage License Application:

**NEW FORMS ARE
REQUIRED.
READ CAREFULLY!**

- ☐ The premise description must be **specific**. Additional pages and maps can and should be included, if applicable. Details must include the following:
 - 1. Where the receipts are kept
 - 2. Where the alcohol is stored
 - 3. Specifically where alcohol is served
- ☐ Seller Permit Number / Federal Tax ID Number (FEIN)
 - 1. A photocopy of your Seller's Permit must be included.
- ☐ **Attach a copy of your lease agreement, if applicable.** It must contain authorization for your business to sell alcohol on the property **and** it must contain a lease term that coincides with the upcoming alcohol license term (July 1, 2025-June 30, 2026).
- ☐ The **publication fee** will be divided among all license holders returning renewal documents by May 30th and **will be collected at the time of license pick up.**

AB-100 - Individual questionnaire

- ☐ Businesses with more than one member/officer/board member must include a complete Individual Questionnaire for **each member**.
- ☐ A copy of each member/officer/board member's driver's license must be included.
- ☐ Additional forms can be copied from the original or found at the Department of Revenue's website.
(<https://www.revenue.wi.gov/Pages/Form/alcohol-Home.aspx>)



AB-101 - Appointment of Agent (LLC's and CORP)

- ☐ **Business designee must sign the Appointment of Agent form.**
- ☐ A copy of the agent's driver's license must be included. A background check will be completed by our police department per the guidelines outlined on the operator's license application.
- ☐ The agent will be issued an operator's license as part of the alcohol license fee structure.
- ☐ All agents must complete a Responsible Beverage Service course. **A copy of the certification dated within the past two years or a copy of an operator license valid within the past two years in a Wisconsin municipality must be included.**

Operator License Application

- ☐ **Please make copies** for the number of operators as needed.
- ☐ There are 2 sides to this form, both sides must be completed in full.
- ☐ If an applicant is new, please include a certificate showing they have taken an approved Responsible Beverage Service course dated within the last 2 years or a copy of a valid operator's license in a Wisconsin municipality dated within the last 2 years.
- ☐ **Include a copy of a valid driver's license or state ID card.**
- ☐ **Please make sure you are filling out the new, updated Operator's application located on our website.**

Cigarette/Tobacco/Electronic Vaping Devices – Updated forms and requirements!

- ☐ CTV-100 - Cigarette/Tobacco/Electronic Vaping Device License Application
- ☐ CTV-101 – Cigarette/Tobacco/Electronic Vaping Device – Individual Questionnaire
- ☐ CTV-102 – Cigarette/Tobacco/Electronic Vaping Device – Appointment of Agent (LLC's & CORP)
 - If your establishment sells tobacco/vaping products, please complete the Cigarette applications

Thanks for your cooperation!

**Becky Tellier - MMC, WCMC
Clerk-Treasurer**

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.
4. Relationship to Business (Title)	5. Email		6. Phone	
7. Home Address				
8. City		9. State	10. Zip Code	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	

Part C: Address History

1. Do you currently live in Wisconsin?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, provide the month and year when you permanently moved to Wisconsin					(MM/YYYY)		
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State	Zip Code		
Previous Address 2		City		State	Zip Code		
Previous Address 3		City		State	Zip Code		
Previous Address 4		City		State	Zip Code		
Previous Address 5		City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Date

Form AB-100 Instructions

Alcohol Beverage Individual Questionnaire

Who must complete Form AB-100?

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent*, Form AB-200, *Alcohol Beverage License Application*, or an alcohol beverage permit application.

Where do I submit Form AB-100?

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent* to the issuer of the authorization.

Specific Instructions

Date

- Date the form in the top right corner.

Part A: Business Information

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on any license application (Form AB-200) or existing license certificate.

Part B: Individual Information

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

- Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

Part D: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

Part E: Attestation

- Read the attestation carefully, then sign and date.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses.

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 266-2526

Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#) *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#) *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#) *"Class B" Liquor License Quotas*

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☐
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

2. Business Trade Name or DBA

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☐
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

2. First Name

3. M.I.

4. Email

5. Phone

6. Home Address

7. City

8. State

9. Zip Code

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☐ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☐ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name	M.I.
Title	Email		Phone
Signature			Date

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Signature		Date

Form AB-101 Instructions

Alcohol Beverage Appointment of Agent

Who must complete Form AB-101?

State law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed or permitted premises.

Use this form to appoint an agent for a new premises or to appoint a successor agent when there is a change before the license or permit is up for renewal.

Where do I submit Form AB-101?

Submit Form AB-101 to the appropriate issuing authority, either the clerk of the municipality in which the business or organization is located, or the Division of Alcohol Beverages.

Form AB-101 may be submitted with a license or permit application or at any time to indicate there is a change in agent prior to the license or permit renewal period.

Specific Instructions

Date:

- Date the form in the top right corner.

Agent Type:

- Select original appointment if you are applying for your license or permit for the first time or are renewing a license or permit.
- Select successor agent if you are reporting a change of agent during the licensing or permitting period.

Part A: Business Information

- Box 1: Enter the legal business name. If a sole-proprietorship, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as", if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on the license or permit application.

- Box 4: Select which alcohol beverage authorization you hold or are applying for.
- Box 5: For appointment of a successor agent, enter your state permit number (15-digit Wisconsin Tax ID number) or municipal retail license number (if applicable) for which you are appointing a successor agent. If you do not have a municipal retail license number, provide any applicable identifier (e.g., store number or location).
- Box 6: For appointment of a successor agent, describe the reason for the change in agent.

Part B: Agent Information

- Provide all requested personal information.

Part C: Agent Questions

- Question 1: Wisconsin law requires all agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless:
 - The applicant is renewing a municipal alcohol beverage retail license, or
 - Within the past two years:
 - a. The applicant held a manager's or operator's (bartender) license.
 - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued retail alcohol beverage license in Wisconsin.

- Some agents for state permittees are exempt from responsible beverage server course requirements. The following permittees are exempt from RBS course requirements: Alcohol Beverage Warehouse, Industrial Fermented Malt Beverages, Wholesalers, Manufacturers, Rectifiers, Direct Wine Shippers, Wholesale Alcohol, Medicinal Alcohol, Industrial Alcohol, and Industrial Wine.
- If you are applying to be the agent of one of these exempt permittees, answer “yes” to Question 1.
- To learn about your responsibility to complete the responsible beverage server requirement, review [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#).
- Question 2: Appointed agents for a retail licensee must complete Form AB-100, *Alcohol Beverage Individual Questionnaire*, and submit it to the municipal clerk in which the licensed business is located. Appointed agents for a permittee must complete and submit Form AB-300, *Alcohol Beverage Personal Questionnaire*, and submit it to the Division of Alcohol Beverages.
- Question 3: Appointed agents must be Wisconsin residents for at least 90 continuous days prior to the date of application, except for direct wine shipper permittees.

Part D: Business Attestation

- An authorized representative should sign, date, and provide requested personal information on behalf of the business.

Part E: Agent Attestation

- The agent being appointed should read the attestation carefully, then sign and date.

Assistance

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 266-2526

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	VILLAGE OF THERESA
License Period	JULY 2025-JUNE 2026

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ 200 ☐ Class "B" Beer \$ 100
☐ "Class A" Liquor \$ 200 ☐ "Class B" Liquor \$ 200
☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)		
2. Business Trade Name or DBA		
3. FEIN		4. Wisconsin Seller's Permit Number
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address		
10. City		11. State 12. Zip Code
13. County	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.		
20. Mailing Address (if different from premises address)		
21. City		22. State 23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☐ No
beverages.
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☐ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity 4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☐ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☐ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name		First Name		M.I.
Title		Email		Phone
Signature			Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form AB-200 Instructions

Alcohol Beverage License Application

Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get a retail alcohol beverage license.

Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

Specific Instructions

License Period:

- Annual licenses expire June 30 each year, except licenses issued by the City of Milwaukee. Annual licenses issued by the City of Milwaukee also may be issued at any time throughout the year, but are valid for one year from the date of issuance.

License Requested and License Fees:

- Select the alcohol beverage license(s) you would like to apply for.
- Generally, you may apply for no more than two licenses for the same premises. Further, some license combinations are not acceptable, (e.g., "Class A" and a Class "B").
- For descriptions of each of the alcohol beverage licenses and their authorizations, see [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#), and [Fact Sheet 3101, Licenses for Retail Sale of Alcohol Beverages](#).
- License costs are determined by the municipality within a range set by state law. Ask your clerk how much the license, background check, and publishing fees in that municipality cost.
- License fees for licenses issued for less than one year must be prorated according to the number of months or fraction of months remaining in the licensing period.

Part A: Premises/Business Information

- Box 1: Enter the legal business name or individual name if a sole proprietor.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 4: Seller's permits begin with the digits "456." For questions about obtaining a seller's permit, see [Seller's Permit Common Questions](#).
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 6-7: Provide the state and date of organization of the legal entity.
- Box 8: Provide the Wisconsin Department of Financial Institutions Registration number. This number is assigned to the entity when it is registered with DFI. It can be located using the Department of Financial Institution's [Corporate Records Search](#).
- Boxes 9-19: All requests for "premises" information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 19: Describe the premises in detail. Include outdoor spaces if your municipality allows it. Some municipalities have specific requirements for outdoor spaces as a part of the licensed premises. Call your municipal clerk to learn more. Attach a floor plan if possible.
Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.
- Box 20-23 Provide the mailing address for the business, if different from the address in boxes 9-12.

Part B: Questions

- Questions 1 and 2: Disclose any civil or criminal violations of law and pending charges in any jurisdiction (federal, state, or local ordinance). Include detailed descriptions of any violations of law involving alcohol beverages. Attach additional sheets as necessary.

- Question 3: Wisconsin law generally prohibits alcohol beverage industry members from having an interest in another tier. The law provides some exceptions, with limitations, for restricted investors. If the applicant business, or any of its officers, directors, members, agent, employees, owners, or other related individuals has an interest in an alcohol beverage producer or distributor, list the restricted investors and describe the nature of their interest. A restricted investor with an allowable interest in another tier must complete AB-104, Restricted Investor Affidavit. Attach additional sheets as necessary.
- Question 4: If the applicant is owned by another business entity, provide the legal entity name(s) and FEIN(s) of all upstream entity ownership. Attach an organizational chart if possible. Include all persons involved in upstream entity ownership in the table in Part C and submit Form AB-100 for each of those persons with this application.
- Question 5: Wisconsin law requires all sole proprietors, partners, and agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless one of the following applies. Submit the associated document with this application.
 - The applicant is renewing a license, or
 - Within the past two years:
 - a. The applicant held a manager's or operator's (bartender) license.
 - b. The applicant held or was the agent of a corporation or LLC that held any municipally issued alcohol beverage license in Wisconsin.

Note: To learn about your responsibility to complete the responsible beverage server requirement, please review [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#).

- Question 6: A licensee may only buy liquor or beer for cash or on credit terms for a period not to exceed 15 days for beer and 30 days for liquor. A person may not be issued a license if they are indebted to a wholesaler in excess of these limits.
- Question 7: Renewal of licenses may be denied pursuant to a local ordinance if the licensee owes past due municipal taxes, assessments, or other fees.

Part C: Individual Information

- Provide basic information for all persons involved in the retail alcohol beverage business who are owners, officers, directors, managers, members, or the agent. Include ownership information as identified in Part B, Question 4.

Example: Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.

- Sole-proprietors, partners in a partnership, and the agent of an LLC or corporation must reside in Wisconsin continuously for 90 days prior to application.
- Include an Alcohol Beverage Individual Questionnaire (Form AB-100) for each person listed in this section with the submission of this application.

Part D: Attestation

- Read the attestation carefully, then sign and date.

Part E: For Clerk Use Only

- "Date license granted" means the date the municipal governing body approves the license to be issued.
- "Date license issued" means the date the municipal clerk issues the license certificate document.

Completion and Submission of AB-200

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- License applications must be filed with the municipal clerk at least 15 days before they can be approved by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- In addition to Form **AB-200**, include:
 - Form AB-100, *Alcohol Beverage Individual Questionnaire*, for all individuals listed in part C
 - Form AB-101 *Alcohol Beverage Appointment of Agent*, for corporation, nonprofit organizations, and LLC applicants
 - License and publication fees as required by your municipality

- Responsible beverage server training course completion certificate or other acceptable replacement document described in Part B, Question 5
- Proof the applicant holds a seller's permit, such as a copy of the seller's permit document

Note: See [Publication 206](#), *Sales Tax Exemptions for Nonprofit Organizations*, for information on when a nonprofit organization may be exempt from holding a seller's permit.

- All other information and documents required by your municipality

NOTE: You are required by federal law to register as an Alcohol Dealer with the federal Alcohol and Tobacco Tax and Trade Bureau (TTB) before beginning business. Use [Form TTB F 5630.5d](#), *Alcohol Dealer Registration*, and return the form to the address listed on the instructions.

Open Records

This application is an open record under Wisconsin law (sec. [19.35](#), Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department publishes a list of alcohol beverage licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. If you require assistance with this form, consider reaching out to your municipal clerk for assistance with the following:

- Submission of this application and associated forms
- Availability and cost of certain licenses

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: [DOR Alcohol Beverage \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 266-2526

Resources Provided by the Department of Revenue

[License frequently asked questions](#)

[Publication 302](#) *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*

[Publication 309](#) *Retail Alcohol Beverage Licensing Guide for Municipalities*

[Fact Sheet 3101](#) *Licenses for Retail Sale of Alcohol Beverages*

[Fact Sheet 3103](#) *Licensed or Permitted Premises Description*

[Fact Sheet 3116](#) *Reserve "Class B" Liquor Licenses*

[Fact Sheet 3118](#) *"Class B" Liquor License Quotas*

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY

Municipality

License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☐ Corporation

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)

10. City

11. State

12. Zip Code

13. County

14. Governing Municipality: ☐ City ☐ Town ☐ Village

15. Aldermanic District

of: _____

16. Mailing Address (if different from premises address)

17. City

18. State

19. Zip Code

20. Premises Phone

21. Premises Email

22. Website

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☐ Cigarettes☐ Tobacco Products☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☐ Over the counter☐ Vending machine3. Is the applicant business owned by another business entity? ☐ Yes ☐ No

If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary

3a. Name of Business Entity: _____

3b. FEIN of Business Entity: _____

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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 allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature		Date
Name (Last, First, M.I.)		
Title	Email	Phone

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form CTV-100 Instructions

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Who needs a cigarette, tobacco, and electronic vaping device retail license?

Any individual or entity that wants to sell cigarettes, tobacco products, or electronic vaping devices to consumers over the counter or through a vending machine must obtain a retail cigarette, tobacco, and electronic vaping device license.

Who issues cigarette, tobacco, and electronic vaping device retail licenses?

Municipal clerks of cities, villages, and towns issue cigarette, tobacco, and electronic vaping device retail licenses.

Specific Instructions

Part A: Business Information

- Box 1: Enter the legal business name.
- Box 2: Enter the business trade name or “doing business as” name, if different than the name in box 1.
- Box 4: Seller’s permits issued by the Wisconsin Department of Revenue begin with the digits “456.” For questions about obtaining a seller’s permit, see the department’s [Seller’s Permit Common Questions](#).
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 14: Check a municipality type and write the name of the governing municipality where the business is located. This may be different from the city listed in the premises address.
- Box 20 – 23: All requests for “premises” information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 23: Describe the premises in detail. Attach a floor plan if possible.
 - Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor sales floor, humidor, north storage room, and south office of the 5,000 square foot building.

Part B: Questions

1. Check the box(es) corresponding to each type of product you intend to sell. You may check multiple boxes.
2. Check the box(es) corresponding to the type of retail sale intended. This license does not authorize any online sales. Cigarette vending machine retailers must also obtain a Cigarette Vending Machine Operator by completing Form CT-129.
3. If you answer yes to this question, provide the Legal Business Name and FEIN of the business entities listed in boxes 3a and 3b.

Part C: Individual Information

- Provide basic information for all persons involved in the applicant business who are sole proprietors, partners, officers, members, or agents. Example titles: President, Treasurer, Chief Financial Officer, Member, Partner, etc.
- If the applicant is owned by another business entity as indicated in Part B, Question 3, include information about the business entity’s officers, members, and agents in the table, including the completion of Form CTV-101.
- Include an Individual Questionnaire (Form CTV-101) for each person listed with the submission of this application.

Part D: Attestations

- Read the attestation carefully, then sign and date.

Part E: For Clerks Use Only

- “Date license issued” means the date the municipal clerk issued the license certificate document.

Completion and Submission of Form CTV-100

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- In addition to Form CTV-100, include:
 - Form CTV-101 for the sole-proprietor; all officers, directors, and agent of a corporation; all partners of a partnership; all managing members and agent of a limited liability company
 - Form CTV-102 if the applicant is an LLC or corporation
 - Proof the applicant holds a seller's permit, such as a copy of the seller's permit document. Search for active sales tax accounts at revenue.wi.gov under [My Tax Account](#), click on "Search Account Number" under the Businesses section. If you have questions about whether a person holds a seller's permit, contact the Department of Revenue at 608-266-2776
 - All other information and documents required by your municipality

Open Records

This application is an open record under state law (sec. 19.35, Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department publishes a list of cigarette, tobacco product, and electronic vaping device licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses

If you have questions about cigarette, tobacco product, and electronic vaping device laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: <https://www.revenue.wi.gov/Pages/Businesses/Tobacco.aspx>

Email: DORExcise@wisconsin.gov

Telephone: (608) 264-4248

Resources Provided by the Department of Revenue

[Publication 304, Cigarette, Tobacco, and Vapor Products Tax and Regulatory Information](#)

[Wisconsin Department of Revenue Cigarette, Tobacco, and Vapor Product Landing Page](#)

[Permit Predetermination Common Questions](#)

[Vapor Products Tax Common Questions](#)

[Fact Sheet 3501, Vapor Products Tax](#)

Other Resources

[Tobacco Sales Training](#) – Wisconsin Department of Health Services

[Tobacco 21](#) – Wisconsin Department of Health Services

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☐ Corporation**Part B: Individual Information**

1. Name (Last)

2. Name (First)

3. Name (M.I.)

4. Relationship to Business (Title)

5. Email

6. Phone

7. Home Address

8. City

9. State

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

Previous Address 6

City

State

Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ☐ Yes ☐ No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature	Date
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date

Form CTV-101 Instructions

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Who must complete Form CTV-101?

This form must be submitted with a retail license (Form CTV-100) or permit (CTV-200) application and must be completed by each person involved in the applicant business. This includes: a sole proprietor; all officers, agents of a corporation; all partners of a partnership; and all members and agents of a limited liability company.

Note: Your applications (Forms CTV-100 or CTV-200) are not complete until all required Individual Questionnaires are submitted.

Where do I submit Form CTV-101?

Submit this form with the following applications, as applicable:

- With [Form CTV-100](#), *Cigarette, Tobacco, and Electronic Vaping Device Retail License Application*, to the clerk of the municipality in which the applicant business is located.
- With [Form CTV-200](#), *Application for Cigarette, Tobacco, and Vapor Products Permits*, to the Department of Revenue.

Specific Instructions

Date

Date you are preparing this form using the format MM/DD/YYYY.

Part A: Premises/Business Information

- Box 1: Enter the legal business name. If the applicant is a sole proprietor, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on the license or permit application (Form CTV-100 or CTV-200).

Part B: Individual Information

- Provide all requested personal information.
- Box 2: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

- In chronological order starting with your most recent residential address, list your addresses within the past five years.
- List any states and counties you have lived in not already listed in Part C.

Part D: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance).
- Question 2: Disclose any pending charges against you in any jurisdiction.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if the offenses are sufficiently relevant, be prohibited from holding a cigarette, tobacco, and electronic vaping device license or permit under secs. 134.65(1m) and 139.34, Wis. Stats. See the Department of Revenue's [Permit Predetermination Common Questions](#) for offenses that may prevent someone from holding a license or permit.

Part E: Attestation:

- Read the attestation carefully, then sign and date.

Part F: Licensing Authority Approval

This section is for use by the appropriate municipal official to attest to the qualifications of the individual.

Assistance

This form is designed by the Department of Revenue.

If you have questions about retail license applications and costs of licenses, contact your municipal clerk for assistance.

If you have questions about permit applications or general questions about cigarette, tobacco, and electronic vaping device laws and regulations, contact the Department of Revenue using the contact information below.

Website: <https://www.revenue.wi.gov/Pages/Businesses/Tobacco.aspx>

Email: DORExcise@wisconsin.gov

Telephone: (608) 264-4248

Resources Provided by the Department of Revenue

[Publication 304, Cigarette, Tobacco, and Vapor Products Tax and Regulatory Information](#)

[Wisconsin Department of Revenue Cigarette, Tobacco, and Vapor Product Landing Page](#)

[Permit Predetermination Common Questions](#)

[Vapor Products Tax Common Questions](#)

[Fact Sheet 3501, Vapor Products Tax](#)

Other Resources

[Tobacco Sales Training](#) – Wisconsin Department of Health Services

[Tobacco 21](#) – Wisconsin Department of Health Services

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date

Agent Type (check one): ☐ Original ☐ Change

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
4. Email	5. Phone	
6. Home Address		
7. City	8. State	9. Zip Code
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☐ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor)		
2. Business Trade Name or DBA		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address		
5. City	6. State	7. Zip Code

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee or Permittee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee or Permittee (officer, member, or authorized signatory)	Date
Name of Person Signing	Title

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent	Date
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Form CTV-102 Instructions

Appointment of Agent

Who must complete Form CTV-102?

Corporations and limited liability companies (LLCs) must appoint an agent that takes responsibility for the licensed or permitted premises where business activities relative to cigarettes, tobacco products, and/or electronic vaping devices are conducted.

Where do I submit Form CTV-102?

Submit this form with your application for a retail license (CTV-100) or a permit (CTV-200), or submit it separately to report a change in appointed agent.

- For retail licenses, submit this form to the clerk of the municipality in which the applicant business is located.
- For permits, submit this form to the Department of Revenue at the mailing address shown below.

Specific Instructions

Date:

Date you are preparing this form using the format MM/DD/YYYY.

Agent Type:

Select original appointment if you are appointing an agent with your license or permit application (Form CTV-100 or CTV-200).
Select change if you are reporting a change of agent.

Part A: Agent Information

Provide all requested personal information for the appointed individual.

Part B: Agent Questions

- These questions should be answered by the appointed individual.
- Question 1: Submit a completed Form CTV-101, *Individual Questionnaire*, with this form.
- Question 2: Describe the reason why the business entity must appoint a new agent.
 - Examples include: the previous agent is no longer an employee of the entity, the previous agent is no longer eligible to be an agent of the premises, the previous agent was not responsive to business needs.

Part C: Business Information

- Box 1: Enter the legal business name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type in to indicate how the business is legally organized.

Note: This business information must match the information on the license or permit application (Form CTV-100 or CTV-200) or match the name on the issued license or permit if reporting a change of agent.

Part D: Attestations

- An authorized representative of the licensee or permittee should read the first attestation carefully and sign to acknowledge the appointment of this agent.
- If the business in Part C is a corporation, the attestation must be signed by an authorized corporate officer or director.
- If the business in Part C is an LLC, the attestation must be signed by an authorized LLC member (i.e., managing member).
- The agent should read the second attestation carefully and sign to accept the appointment.
- An authorized representative of the licensee or permittee may appoint themselves as the agent by signing both attestation sections.

Assistance

This form is designed by the Department of Revenue.

If you have questions about retail license applications and costs of licenses, contact your municipal clerk for assistance.

If you have questions about permit applications or general questions about cigarette, tobacco, and electronic vaping device laws and regulations, contact the Department of Revenue using the information below.

Website: <https://www.revenue.wi.gov/Pages/Businesses/Tobacco.aspx>

Email: DORExcise@wisconsin.gov

Telephone: (608) 264-4248

Write: Wisconsin Department of Revenue
Excise Tax Unit
P.O. Box 8900
Madison, WI 53708-8900

Resources Provided by the Department of Revenue

[Publication 304, Cigarette, Tobacco, and Vapor Products Tax and Regulatory Information](#)

[Wisconsin Department of Revenue Cigarette, Tobacco, and Vapor Product Landing Page](#)

[Permit Predetermination Common Questions](#)

[Vapor Products Tax Common Questions](#)

[Fact Sheet 3501 Vapor Products Tax](#)

Other Resources

[Tobacco Sales Training](#) – Wisconsin Department of Health Services

[Tobacco 21](#) – Wisconsin Department of Health Services

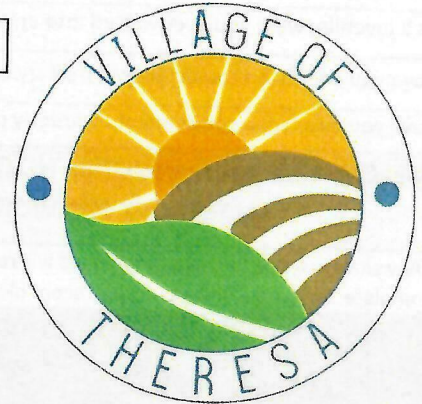
OPERATOR LICENSE APPLICATION

PO Box 327, 292 Mayville St, Theresa, WI 53091 – ct@villageoftheresawi.gov – 920-488-5421

New License	\$	37.00
Renewal License	\$	37.00
Temporary License	\$	15.00
Provisional License	\$	15.00
TOTAL		

License # 25-26

Date Paid	
Check #	
Cash	



Proof of Responsible Beverage Course		
Criminal History and Driving Record Check		
Police Chief or Designee Approval		Date
Temporary Operator \$15 Event		Date

APPLYING FOR AN OPERATOR LICENSE

Applicant must have completed an approved Wisconsin Responsible Beverage Service Course in order to obtain an Operator License in the State of Wisconsin and Village of Theresa. See <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for approved courses.

Applicant is subject to a background check from the police department as a part of the application process. Until the Operator License is approved, applicant must be **directly supervised by a holder of a valid operators license** to serve alcohol. A Provisional License may be obtained to permit the applicant to sell alcohol prior to the Operator License approval which is valid for 60 days and may only be obtained in combination with an Operator License.

Filling out your application

- An Operator License is a privilege, not a right. **Any false answers or omissions may result in the denial of your application.**
- This application must be filled out accurately and completely.
- If you have any doubt as to whether to include facts of a specific incident, it is recommended that you disclose the information.
- If you are unsure about how to respond to any questions on this form, check with the Village Clerk for clarification.
- Your application will not be processed until you address any outstanding warrants.

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Birth City & State: _____

Driver's License State & Number: _____ Email: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Other Names, Aliases, Birth Dates ever used: _____

Licensed Establishment & Manager Name: _____ Phone: _____

SIGNATURE

I swear that the information provided in this application is true and correct to the best of my knowledge and belief. I certify I am familiar with the laws, ordinances, and regulations pertaining to the sale of alcoholic beverages and I agree to obey all provisions of the law. I understand that falsification of this application will result in automatic denial. If denied, your provisional license must be surrendered to the Village Clerk immediately.

Applicant Signature: _____ Date: _____

ARREST AND CONVICTION RECORD

Since your 17th birthday, have you ever been convicted of a felony or misdemeanor? (Including criminal traffic offenses)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
As a juvenile, were you ever waived into an adult court and convicted of a felony or misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted by a military court-martial?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of disorderly conduct that involved violence against another person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BELOW LIST ALL CITATIONS, TICKETS, MUNICIPAL/ORDINANCE VIOLATIONS. PENDING OR CONVICTED CRIMINAL CHARGES & CONVICTIONS. (EXCLUDE PARKING TICKETS) ATTACH ADDITIONAL PAPER IF NECESSARY.

*Any citations/tickets/charges not listed will result in a delay in receiving your operator license. You will be required to come back into the Village to complete. If you are unsure of your record please visit the [Department of Justice page](#) and the [Wisconsin Circuit Court page](#) to view your record.

Year	Location	Charge	At the time of incident were you under the influence of alcohol and/ or other drugs?	Did the incident occur in or around an establishment that serves alcohol?

PARAMETERS FOR DENIAL OF AN OPERATOR'S LICENSE (BARTENDER LICENSE)

If you have three or more convictions of any one offense listed or a combination of three or more convictions of the offenses listed, your application will be recommended for denial.

Giving false, incomplete information, misinformation, or failure to disclose on the Application.

1. An arrest or conviction of underage sales during the past 5 (five) years.
2. An arrest or conviction of an underage person on premise during the past 5 (five) years.
3. Conviction of any substance abuse during the past 5 (five) years.
4. Conviction of driving under the influence of any alcohol or controlled substance during the past 5 (five) years.
5. Conviction of selling to an intoxicated person during the past 5 (five) years.
6. Conviction of selling after hours in the past 5 (five) years.
7. Conviction of selling without a license in the past 5 (five) years.
8. Conviction of any part of Chapter 125 State Statutes, not listed above, relating to alcohol beverages during the past 5 (five) years.
9. An arrest or conviction of charges related to the activities performed while bartending within the past 5 (five) years.
10. Any habitual law offender or felon where the circumstances of the charges substantially related to the licensing activity.
11. A **FELONY** conviction substantially related to alcohol and/or drug activity WILL automatically be denied.

The Village Police Chief and Village Clerk will review all applications. All licenses will be presented to the Village Board at a regularly scheduled Village Board meeting. If the license is denied at the Village Board Meeting, the Clerk shall provide the applicant a letter with reasons for denial of their license. Any applicant denied a license may appeal the decision by writing a letter to the Village Clerk within 14 days of receipt of the denial letter. The letter should state in detail the grounds for reversal of the denial and should be signed by the applicant. The Clerk shall submit the letter and application to the Village Board for further review.

IF YOUR APPLICATION SHOULD BE DENIED BY THE VILLAGE BOARD, FEES ARE NON-REFUNDABLE AND YOU CANNOT RE-APPLY UNTIL ONE YEAR AFTER THE DENIAL.

The village may refuse to issue any license or permit to an applicant who has not paid an overdue forfeiture resulting from a violation of a village ordinance and/or any unpaid municipal taxes, utility bills, assessments or other fees. This section shall apply to all licenses and permits issued by the village, including retail alcohol beverage licenses, except as specifically limited by applicable Wisconsin Statutes per Ordinance 2.160. I hereby acknowledge that I read and understand the Parameters for Denial of an operator's license for the Village of Theresa.

I hereby acknowledge that I read and understand the Parameters for Denial of an operator's license for the Village of Theresa.

Applicant Signature: _____ Date: _____