

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 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

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) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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. Driver's License/State ID Number			12. Driver's License/State ID State of Issuance		

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit proof of completion.
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? <input type="checkbox"/> Yes <input type="checkbox"/> 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	