

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to Municipal Clerk.

For the license period beginning _____ 20_____.
ending _____ 20_____.

To the governing body of: Town Village City of _____ Neenah _____

County of _____ Winnebago _____ Aldermanic District No. _____ (if required by ordinance)

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): _____

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 of each person.

Title	Name	Home Address	Post Office & Zip Code	Date of Birth
President/Member	_____	_____	_____	_____
Vice President/Member	_____	_____	_____	_____
Secretary/Member	_____	_____	_____	_____
Treasurer/Member	_____	_____	_____	_____
Agent	_____	_____	_____	_____
Directors/Managers	_____	_____	_____	_____

3. Trade Name _____ Business Phone Number _____

4. Address of Premise _____ Post Office & Zip Code _____

5. Is individual, partners or agent 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 employee 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) **Corporation/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 sections 5, 6, 7 and 8 above.)

9. Premise 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 the 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 premise licensed for the sale of liquor or beer during the 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 (TBB 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? (phone 608-266-2776) _____ Yes No

14. Does the applicant understand they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? _____ Yes No

15. Does applicant owe any delinquent taxes, assessments or other claims in whole or part to the City or any delinquent forfeiture resulting from a violation of any City Ordinance? _____ 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/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premise 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	Date Reported to Council	Date provisional license issued	Signature of Clerk/Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's Wisconsin Seller's Permit Number (14 digits beginning with 004 or 456)		
Federal Employer Identification Number (FEIN)		
LICENSE REQUESTED ▶		
TYPE		FEE
<input type="checkbox"/> Class A beer	\$200	\$
<input type="checkbox"/> Class B beer	\$100	\$
<input type="checkbox"/> Class C wine	\$100	\$
<input type="checkbox"/> Class A liquor	\$400	\$
<input type="checkbox"/> Class A liquor (cider only)	N/A	N/A
<input type="checkbox"/> Class B liquor	\$350	\$
<input type="checkbox"/> Reserve Class B liquor	\$10,000	\$
<input type="checkbox"/> Class B (wine only) winery	\$350	\$
<input type="checkbox"/> Publication fee	\$55	\$
TOTAL FEE		\$