Original Alcohol Be	verage Re	Applicant's Wisconsin Seller's Permit Number				
Submit to municipal clerk.)				FEIN Number		
For the license period beginning	ng:	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEI	E
	☐ Town of ¬			Class A beer	\$	
o the Governing Body of the	Class B beer	\$				
To the Governing Body of the: Utiliage of City of				Class C wine	\$	
	_ ,			☐ Class A liquor	\$	
County of		Aldermani	ic Dist. No	Class A liquor (cider only)	\$ N/A	Δ
		Aldermanic Dist. No (if required by ordinance)		☐ Class B liquor	\$	•
		Reserve Class B liquor	\$			
Check one: Individual	☐ Limited Lie	Class B (wine only) winery				
Check one: Individual Limited Liability Company Partnership Corporation/Nonprofit Organization				Publication fee	\$	
□ Partilership	Corporation	Nonprolit Organization		TOTAL FEE	\$	
Name (individual / partners give last i				this application by each indi	vidual apı	olicaı
by each member of a partne	ership, and by	each officer, directo	or and agent of a c ny. List the full nam	orporation or nonprofit orga e and place of residence of ea , City or Post Office, & Zip Code)	nization,	and b
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
			,			
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
1. Trade Name			Business Ph	one Number		
2. Address of Premises			Post Office 8	Zip Code		
	l rooms includin	g living quarters, if u	sed, for the sales,	re to be sold and stored. The service, consumption, and/or stored only on the premises		
4. Legal description (omit if	street address is	s given above):				
5. (a) Was this premises lice	ensed for the sa	le of liquor or beer du	uring the past licens	e year?	☐ Yes	
(b) If yes, under what nar	ne was license i	ssued?				

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6.		agent of corporation/limited li course for this license period					☐ Yes	□ No	
7.	Is the applicant an emplo	oye or agent of, or acting on b	oehalf of a	anyone except the r	named applicar	it?	☐ Yes	□ No	
8.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain								
9.	(a) Corporate/limited li of registration.	ability company applicants	only: Ir	nsert state	and d	ate			
		ion/limited liability company κplain					☐ Yes	☐ No	
		n, or any officer, director, stoc agent hold any interest in ar					☐ Yes	□ No	
10.	government, Alcohol and	rstand they must register as a I Tobacco Tax and Trade Bure -882-3277]	eau (TTB) by filing (TTB form	5630.5d) befo	re beginning	☐ Yes	□ No	
11.	Does the applicant unde	rstand they must hold a Wisc	onsin Se	ller's Permit? [phor	ne (608) 266-27	76]	☐ Yes	☐ No	
12.		rstand that they must purchas					☐ Yes	☐ No	
the than assi Com	pest of the knowledge of the s \$1,000. Signer agrees to ope gned to another. (Individual ap	GNING: Under penalty provided by igner. Any person who knowingly parate this business according to law plicants, or one member of a partner access to any portion of a license evocation of this license.	orovides m w and that nership app	aterially false information the rights and responsiblicant must sign; one co	on on this application on this application on this application of the conferred or porate officer, or	tion may be require by the license(s), if ne member/manage	ed to forfeit granted, wer of Limited	not more vill not be d Liability	
Cont	act Person's Name (Last, First, M.I.)			Title/Member		Date			
Signature				Phone Number Email Addre					
TO 1	BE COMPLETED BY CLERK								
	received and filed with municipal cler	k Date reported to council / board	Date provis	sional license issued	Signature of Clerk /	Deputy Clerk			
Date	license granted	Date license issued	License nu	imber issued	_				