

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 (<i>check one</i>)	
<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 reside in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Years</td> <td style="width: 50%; text-align: center;">Months</td> </tr> </table>	Years	Months
Years	Months				
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		

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://wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 264-4573

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*

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 (<i>check one</i>) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (<i>check one</i>) <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. Age
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? <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> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit a completed Form AB-100 with this form.
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	

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.



APPOINTMENT OF LIQUOR/BEER AGENT

Date: _____

State of Wisconsin

County of Dane

I, _____, appointed liquor/beer agent, for _____, being first duly sworn say that I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation, and I am involved in the actual conduct of the business (employee) or have a direct financial interest in the business of the licensee therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is:_____.

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Signature of Agent

Identify the registered agent for purposes of service of process pursuant to §180.0504, Wis. Stats. for Corporations and 101.0105(8) Wis. Stats. as it pertains to Limited Liability Companies.

Name

Mailing Address

City

State

Zip

PUBLIC SAFETY & HUMANS SERVICES COMMITTEE AND COUNCIL APPROVAL REQUIRED FOR ALL AGENT CHANGES.

- 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 must submit Form AB-100, *Alcohol Beverage Individual Questionnaire*, in addition to this form.
- 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) 264-4573



APPOINTMENT OF LIQUOR/BEER AGENT

Date: _____

State of Wisconsin

County of Dane

I, _____, appointed liquor/beer agent, for _____, being first duly sworn say that I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation, and I am involved in the actual conduct of the business (employee) or have a direct financial interest in the business of the licensee therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is: _____.

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Signature of Agent

Identify the registered agent for purposes of service of process pursuant to §180.0504, Wis. Stats. for Corporations and 101.0105(8) Wis. Stats. as it pertains to Limited Liability Companies.

Name

Mailing Address

City

State

Zip

PUBLIC SAFETY & HUMANS SERVICES COMMITTEE AND COUNCIL APPROVAL REQUIRED FOR ALL AGENT CHANGES.



AGENT AUTHORIZATION LETTER

Date: _____

I, _____, officer for
_____,
(Corporation or LLC Name) (D/B/A)

authorize and appoint _____ as liquor/beer agent for
(Agent Name)

the premise located at _____.
(Address of Licensed Premise)

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer of Corporation or LLC



CITY OF FITCHBURG

Administrative Offices
 5520 Lacy Road
 Fitchburg, WI 53711-5318
 Phone: (608) 270-4200 Fax: (608) 270-4212
 www.fitchburgwi.gov

RETAIL LICENSES – TYPES & FEES

Class "A" Beer to be consumed off-premises Examples: Convenience store or liquor store	Annual Cost: \$250
"Class A" Intoxicating liquor to be consumed off-premises Examples: Convenience store or liquor store	Annual Cost: \$500
"Class A" Cider Cider to be consumed off-premises and may not offer samples of Intoxicating Liquor Examples: Convenience store or liquor store	Annual Cost: \$0
Class "B" Beer to be consumed on-premises Examples: Bar or restaurant	Annual Cost: \$100
"Class B" Intoxicating liquor to be consumed on-premises Examples: Bar or restaurant	Annual Cost: \$500
Reserve "Class B" Intoxicating liquor to be consumed on-premises Examples: Bar or restaurant	Initial Cost: \$10,000 Annual Cost: \$500
Temporary Class "B" (Picnic) Beer to be consumed at a picnic or similar gathering	Cost: \$10
Temporary Class "B" (Picnic) Wine to be consumed at a picnic or similar gathering	Cost: \$10
Temporary Class "B" (Picnic) Wine Walks Wine to be consumed multiple locations, up to twenty temporary licenses for same date and time of not more than one day	Cost: \$10
"Class C" Wine to be consumed on-premises Examples: Restaurant	Annual Cost: \$100

OTHER LICENSES & FEES

Operator's License – 2 yrs. Expires June 30th odd numbered years	Bi-Annual Cost: \$70
Provisional Operator's License	Cost: \$15
Temporary Operator's License	Cost: \$10
Change of Agent	Cost: \$ 10
Cigarette License	Annual Cost \$100
Publication Fee - Initial	Cost: \$75
Publication Fee - Renewal	Annual Cost: \$75
Renewal Late Fee	Additional Cost: \$250