

To: 2025 Village of Caledonia Alcohol License Applicants

Enclosed is 2025-2026 alcohol license application packet. Please review each application carefully before submitting. You may not need all of the applications. Please refer to the checklist on the next page to identify which licenses you will need, and the required supporting documentation needed for each. A fee schedule for all relevant license fees, additional fees, and optional additional licenses is also included. Please contact the clerk's office if you have any questions about the application or requirements.

Your premise description is a legal description of all areas where alcohol will be stored and served, and where all records will be stored. This will be printed directly onto your license and will be used by the Department of Revenue to conduct compliance inspections of your business. Your premise description **MAY NOT** include parking lots or the public right-of-way..

Make sure all questions are answered on each application and the **Agent** has signed where required, or the application will be considered incomplete and returned to you. If a question does not apply to you, please write N/A.

The **Agent** must be a resident of Wisconsin. They must have one of the below:

- Completed the Wisconsin Responsible Beverage Server's Course within the last two (2) years
- Agent on another liquor license in the state of Wisconsin
- Hold a current Operator license in any Wisconsin Municipality
- Hold a Wisconsin Operator Permit.

If you have any questions, please contact me at jbass@caledonia-wi.gov.



Jennifer Bass
Village Clerk/Treasurer
5043 Chester Lane
Caledonia, WI 53402

New Liquor License Application Checklist

Required Documents:

- ☐ AB-200 - Alcohol Beverage Application
- ☐ AB-101 - Alcohol Beverage Appointment of Agent
- ☐ AB-100 - Alcohol Beverage Individual Questionnaire
 - **One for each person on the application**
 - **All members of the business must be on the application**
- ☐ Copy of your WI Seller's Permit Certificate – License cannot be issued if the applicant is unable to provide the Seller's Permit
- ☐ Copy of your Federal Employer ID number from IRS
- ☐ Certificate of completion of the Wisconsin Responsible Beverage Server's course (unless a current liquor license holder)
- ☐ A physical drawing of the outside area where liquor will be consumed (For "Class B" and Class "B" holders only). This cannot include the parking lot.
- ☐ Conditional Surrender (Transfer of Ownership) if the property is already licensed and you are acquiring it from them.

Required Approvals:

- ☐ Building Department (Occupancy)
- ☐ Police Department
- ☐ Fire Department (Fire codes)
- ☐ Village Board

Additional Licenses (*Optional*)

- ☐ Cigarette, Tobacco, and Electronic Vaping Device Retail License Application (CTV-100)
(CTV-101 not required if AB-100 is submitted)
 - if none, please check here _____
- ☐ Special Events Application
 - if none, please check here _____
- ☐ Non-Intoxicating Beverages
 - if none, please check here _____

All unpaid property taxes, special assessments, special charges, citations, or outstanding liquor bills must be paid before your license will be issued.

2025 Alcohol License Fees

Class “A” beer	\$50.00
Class “B” beer	\$100.00
“Class A” liquor	\$ 500.00
“Class B” liquor	\$500.00
“Class C” wine	\$100.00
Reserve “Class B” liquor + license fee and additional fees	\$10,000.00

Additional Fees

Publication fee	\$30.00
Record Check fee (per person)	\$10.00

Additional Licenses

Non-Intoxicating Beverage - With “Class B”/Class “B” - With “Class A”/Class “A”	\$10.00 \$5.00
Cigarette and Tobacco	\$100.00
Special Event + per event	\$150 \$10

Alcohol Beverage License
Application

For Municipal Use Only

Municipality

License Period

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

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "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)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ 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: ☐ City ☐ Town ☐ 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. ☐ Yes ☐ 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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? <input type="checkbox"/> Yes <input type="checkbox"/> 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)	

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 Questions1. 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 ☐ No3. 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	

Alcohol Beverage
Individual Questionnaire

Date

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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*)☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ 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 History1. Do you currently live in Wisconsin? ☐ Yes ☐ 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
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

APPLICATION FOR NON-INTOXICATING BEVERAGES

License is issued to and determined by location to the business address in Caledonia where non-intoxicating beverages will be sold and/or serviced.

*** Indicates required information**

License(s) applying for [Check all that apply]: *

\$10.00 Fee applies – with a “Class B” or Class “B”

\$5.00 Fee applies – with a “Class A” or Class “A”

Business Information: *

Legal Business Name:	Trade Name:
Business Address (Street Address, City, State, Zip Code):	Business Phone Number:
Type of Business:	
Corporation Partnership Individual LLC Other (Please specify)	

Agent Information: *

First Name:	Last Name:
Home Address (Street Address, City, State, Zip Code):	Phone Number (Best to contact):

I/we hereby apply for a license to sell and/or service in the village of Caledonia for the period beginning _____ through 6/30/_____, (unless sooner revoked) non- intoxicating beverages subject to the limitations imposed by section 66.0433(1) & (2) of the Wisconsin statutes, and hereby agree to comply with all laws, resolutions, ordinances, and regulations affecting the sale of such beverages if a license is granted to me.

Applicant Full Name:	
Applicant Signature:	Date:
<u>Office Use Only</u>	
Receipt No. _____	License No. Issued _____
Fee \$ _____	Initials _____

Transfer of Ownership

(letter to surrender previous license)

To be filed with the Village Clerk at the time a new application is submitted for a change of ownership for any liquor and/or beer establishment.

The Class _____ license for the premise located at _____
Class of License Street Address

will be relinquished upon approval of the application and the issuance of the same type

of license for the same premises to _____
License Applicant

There have been no convictions for violations during the current license year, nor are there any pending violations against the present licensee except as follows:

Signature of Present License Holder

Date

Signature of Applicant

Date

Subscribed and sworn to before me this

_____ day of _____, 20_____

Notary Public, Racine County, State of Wisconsin

My Commission Expires _____