

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. Contact the clerk's office if you have any questions.

Your premise description will be printed directly onto your license, and must cover all areas where alcohol will be stored and served. This **MAY NOT** include the parking lot.

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 either completed the Wisconsin Responsible Beverage Server's Course within the last two (2) years, be a current holder of a liquor license in the state of Wisconsin, or hold a current Village of Caledonia Operator license.

License Fees:

"Class A" Liquor (Retail Sales)	\$600	"Class B" Liquor (Consumption)	\$600
Class "A" Beer (Retail Sales)	\$100	Class "B" Beer (Consumption)	\$100
		"Class C" Wine (Consumption)	\$100

Other Fees:

- Publication - **\$30**
- Record Check - **\$10/per person**
- Cigarette, Tobacco, and Electronic Vaping - **\$100**
- Special Event (for "Class B" holders only)
 - **\$150**
 - **\$10 per additional event (max \$300)**
- Non-Intoxication Beverages (NA Beer)
 - With Class "B", "Class B", or "Class C" - **\$10**
 - With Class "A" or "Class A" - **\$5**

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.

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 _____

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- | | |
|---|--|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "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 (<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			
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: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes 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? . . Yes 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? Yes 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. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes 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)	

Form AB-200 Instructions

Alcohol Beverage License Application

Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get a retail alcohol beverage license.

Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

Specific Instructions

License Period:

- Annual licenses expire June 30 each year, except licenses issued by the City of Milwaukee. Annual licenses issued by the City of Milwaukee also may be issued at any time throughout the year, but are valid for one year from the date of issuance.

License Requested and License Fees:

- Select the alcohol beverage license(s) you would like to apply for.
- Generally, you may apply for no more than two licenses for the same premises. Further, some license combinations are not acceptable, (e.g., “Class A” and a Class “B”).
- For descriptions of each of the alcohol beverage licenses and their authorizations, see [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#), and [Fact Sheet 3101, Licenses for Retail Sale of Alcohol Beverages](#).
- License costs are determined by the municipality within a range set by state law. Ask your clerk how much the license, background check, and publishing fees in that municipality cost.
- License fees for licenses issued for less than one year must be prorated according to the number of months or fraction of months remaining in the licensing period.

Part A: Premises/Business Information

- Box 1: Enter the legal business name or individual name if a sole proprietor.
- Box 2: Enter the trade name or “doing business as” name, if different than the name in box 1.
- Box 4: Seller’s permits begin with the digits “456.” For questions about obtaining a seller’s permit, see [Seller’s Permit Common Questions](#).
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 6-7: Provide the state and date of organization of the legal entity.
- Box 8: Provide the Wisconsin Department of Financial Institutions Registration number. This number is assigned to the entity when it is registered with DFI. It can be located using the Department of Financial Institution’s [Corporate Records Search](#).
- Boxes 9-19: All requests for “premises” information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 19: Describe the premises in detail. Include outdoor spaces if your municipality allows it. Some municipalities have specific requirements for outdoor spaces as a part of the licensed premises. Call your municipal clerk to learn more. Attach a floor plan if possible.

Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.

- Box 20-23 Provide the mailing address for the business, if different from the address in boxes 9-12.

Part B: Questions

- Questions 1 and 2: Disclose any civil or criminal violations of law and pending charges in any jurisdiction (federal, state, or local ordinance). Include detailed descriptions of any violations of law involving alcohol beverages. Attach additional sheets as necessary.

- Question 3: Wisconsin law generally prohibits alcohol beverage industry members from having an interest in another tier. The law provides some exceptions, with limitations, for restricted investors. If the applicant business, or any of its officers, directors, members, agent, employees, owners, or other related individuals has an interest in an alcohol beverage producer or distributor, list the restricted investors and describe the nature of their interest. A restricted investor with an allowable interest in another tier must complete AB-104, Restricted Investor Affidavit. Attach additional sheets as necessary.
- Question 4: If the applicant is owned by another business entity, provide the legal entity name(s) and FEIN(s) of all upstream entity ownership. Attach an organizational chart if possible. Include all persons involved in upstream entity ownership in the table in Part C and submit Form AB-100 for each of those persons with this application.
- Question 5: Wisconsin law requires all sole proprietors, partners, and agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless one of the following applies. Submit the associated document with this application.
 - The applicant is renewing a 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 alcohol beverage license in Wisconsin.

Note: To learn about your responsibility to complete the responsible beverage server requirement, please review [Publication 302, Information for Wisconsin Alcohol Beverage and Tobacco Retailers](#).

- Question 6: A licensee may only buy liquor or beer for cash or on credit terms for a period not to exceed 15 days for beer and 30 days for liquor. A person may not be issued a license if they are indebted to a wholesaler in excess of these limits.
- Question 7: Renewal of licenses may be denied pursuant to a local ordinance if the licensee owes past due municipal taxes, assessments, or other fees.

Part C: Individual Information

- Provide basic information for all persons involved in the retail alcohol beverage business who are owners, officers, directors, managers, members, or the agent. Include ownership information as identified in Part B, Question 4.

Example: Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.

- Sole-proprietors, partners in a partnership, and the agent of an LLC or corporation must reside in Wisconsin continuously for 90 days prior to application.
- Include an Alcohol Beverage Individual Questionnaire (Form AB-100) for each person listed in this section with the submission of this application.

Part D: Attestation

- Read the attestation carefully, then sign and date.

Part E: For Clerk Use Only

- “*Date license granted*” means the date the municipal governing body approves the license to be issued.
- “*Date license issued*” means the date the municipal clerk issues the license certificate document.

Completion and Submission of AB-200

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- License applications must be filed with the municipal clerk at least 15 days before they can be approved by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- In addition to Form **AB-200**, include:
 - Form AB-100, *Alcohol Beverage Individual Questionnaire*, for all individuals listed in part C
 - Form AB-101 *Alcohol Beverage Appointment of Agent*, for corporation, nonprofit organizations, and LLC applicants
 - License and publication fees as required by your municipality

- Responsible beverage server training course completion certificate or other acceptable replacement document described in Part B, Question 5
- Proof the applicant holds a seller's permit, such as a copy of the seller's permit document

Note: See [Publication 206](#), *Sales Tax Exemptions for Nonprofit Organizations*, for information on when a nonprofit organization may be exempt from holding a seller's permit.

- All other information and documents required by your municipality

NOTE: You are required by federal law to register as an Alcohol Dealer with the federal Alcohol and Tobacco Tax and Trade Bureau (TTB) before beginning business. Use [Form TTB F 5630.5d](#), *Alcohol Dealer Registration*, and return the form to the address listed on the instructions.

Open Records

This application is an open record under Wisconsin law (sec. [19.35](#), Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department publishes a list of alcohol beverage licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. If you require assistance with this form, consider reaching out to your municipal clerk for assistance with the following:

- Submission of this application and associated 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://DORAlcoholBeverage.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 (*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. 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? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? Yes No
Submit a completed Form AB-100 with this form.

3. 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	

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 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

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%; height: 20px;">Years</td> <td style="width: 50%; height: 20px;">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
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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.

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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*

VILLAGE OF CALEDONIA
5043 CHESTER LANE
RACINE WI 53402

Amount \$ _____
Receipt No. _____
Lic. No. _____

APPLICATION FOR NON-INTOXICATING BEVERAGES

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVICE IN THE VILLAGE OF CALEDONIA FOR THE PERIOD _____ THROUGH _____, (UNLESS SOONER REVOKED) S 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.

***LICENSE IS ISSUED TO AND DETERMINED BY LOCATION TO THE BUSINESS ADDRESS IN CALEDONIA WHERE NON-INTOXICATING BEVERAGES WILL BE SOLD AND/OR SERVICED.**

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check All That Apply)

LICENSE(S) APPLYING FOR: NON-INTOXICATING BEVERAGES

\$10.00 Fee applies – **On-site**

\$ 5.00 Fee applies – **Off-site**

BUSINESS IS: CORPORATION PARTNERSHIP INDIVIDUAL LLC OTHER
(please specify)

***PLEASE PROVIDE LEGAL NAME OF BUSINESS:** _____

TRADE NAME: _____

BUSINESS ADDRESS (**complete address**): _____

HOME ADDRESS (**complete address**): _____

BUSINESS PHONE: _____ HOME PHONE: _____

SIGNATURE OF APPLICANT

DATE

PRINTED NAME

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor)			
2. Business Trade Name or DBA			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box)			
10. City		11. State	12. Zip Code
13. County	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone		21. Premises Email	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.			

Part B: Questions
1. What products will be sold at this business location? (check all that apply) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature		Date
Name (Last, First, M.I.)		
Title	Email	Phone

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form CTV-100 Instructions

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Who needs a cigarette, tobacco, and electronic vaping device retail license?

Any individual or entity that wants to sell cigarettes, tobacco products, or electronic vaping devices to consumers over the counter or through a vending machine must obtain a retail cigarette, tobacco, and electronic vaping device license.

Who issues cigarette, tobacco, and electronic vaping device retail licenses?

Municipal clerks of cities, villages, and towns issue cigarette, tobacco, and electronic vaping device retail licenses.

Specific Instructions

Part A: Business Information

- Box 1: Enter the legal business name.
- Box 2: Enter the business trade name or “doing business as” name, if different than the name in box 1.
- Box 4: For questions about obtaining a seller’s permit, see [Seller’s Permit Common Questions](#).
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 14: Check a municipality type and write the name of the governing municipality where the business is located. This may be different from the city listed in the premises address.
- Box 20 – 23: All requests for “premises” information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 23: Describe the premises in detail. Attach a floor plan if possible.
 - Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor sales floor, humidor, north storage room, and south office of the 5,000 square foot building.

Part B: Questions

1. Check the box(es) corresponding to each type of product you intend to sell. You may check multiple boxes.
2. Check the box(es) corresponding to the type of retail sale intended. This license does not authorize any online sales. Cigarette vending machine retailers must also obtain a Cigarette Vending Machine Operator by completing Form CT-129.
3. If you answer yes to this question, provide the Legal Business Name and FEIN of the parent company in boxes 3a and 3b.

Part C: Individual Information

- Provide basic information for all persons involved in the cigarette, tobacco product, or electronic vaping device business who are sole-proprietors, partners, officers, members, or agents.
- Example titles: President, Treasurer, Chief Financial Officer, Member, Partner, etc.
- Include an Individual Questionnaire (Form CTV-101) for each person listed in this section with the submission of this application.
- If the applicant is owned by another corporation or LLC as indicated in Part B, Question 3, include information about the parent company’s members or officers in the table, including the completion of Form CTV-101.

Part D: Attestations

- Read the attestation carefully, then sign and date.

Part E: For Clerks Use Only

- “Date license issued” means the date the municipal clerk issued the license certificate document.

Completion and Submission of Form CTV-100

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- In addition to Form CTV-100, include:
 - Form CTV-101 for the sole-proprietor; all officers, directors, and agent of a corporation; all partners of a partnership; all managing members and agent of a limited liability company
 - Form CTV-102 if the applicant is an LLC or corporation
 - Proof the applicant holds a seller's permit, such as a copy of the seller's permit document. Search for active sales tax accounts at revenue.wi.gov under [My Tax Account](#), click on "Search Account Number" under the Businesses section. If you have questions about whether a person holds a seller's permit, contact the Department of Revenue at 608-266-2776
 - All other information and documents required by your municipality

Open Records

This application is an open record under state law (sec. 19.35, Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department may publish a list of cigarette, tobacco product, and electronic vaping device licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

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 of certain licenses

If you have questions about cigarette, tobacco product, and electronic vaping device laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: www.revenue.wi.gov

Write: DORAlcoholTobaccoEnforcement@wisconsin.gov

Call: (608) 264-4573

Resources Provided by the Department of Revenue

[Wisconsin Department of Revenue Cigarette, Tobacco, and Vapor Product Landing Page](#)

[Permit Predetermination Common Questions](#)

[Vapor Products Tax Common Questions](#)

[Fact Sheet 3501 Vapor Products Tax](#)

Other Resources

[Tobacco Sales Training](#) – Wisconsin Department of Health Services

[Tobacco 21](#) – Wisconsin Department of Health Services



SPECIAL EVENT PERMIT

Submitted under Municipal Code Title 7, Chapter 20

Application must be submitted no less than thirty (30) days prior to the event.

Application/Permit Fee: **\$150.00**

Each Additional Event/Permit Year: **\$10.00 per event/\$300.00 maximum**

_____ **New**

_____ **Renewal**

1. APPLICANT:

a) Manager (or person in charge of event): _____

b) Manger Address: _____ City _____ State _____ Zip _____

c) Manger Phone: _____

d) Manager Date of Birth: _____

2. LOCATION OF EVENT(S):

a) Business Name: _____

Address: _____ Zip Code _____

b) Does applicant own the property? Yes _____ No _____

If no, attach a notarized letter of agency authorizing the applicant to apply for a special event permit.

Note: Event shall be held within the area encompassed by the physical description and diagram that is submitted and approved under Sec. 7-2-6 of the Village's Code of Ordinances.

3. DATE AND TIME OF EVENT (SINGLE EVENT):

a) Date of Event: _____ Start Time: _____ End time: _____

4. DATE AND TIME OF EVENT (MULTIPLE EVENTS):

a) Use the space provided on the next page to list your schedule of events.

5. SECURITY PLAN

a) Attach a copy of your security plan for the premises and all events.

Applicant agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine coolers and special events in the Village. The Chief of Police shall have the authority to suspend an event under a permit issued under this section when he or she believes such live music, loudspeaker or amplifying device has become a nuisance because of the volume, the method in which it is being used, or the location in which it is being operated. Any such suspension shall bring the permit for review, within fifteen (15) days, before the Legislative and Licensing Committee prior to any additional outdoor events occurring at the establishment. A violation of the governing ordinance or other Village ordinance related to the use of the area for an event shall constitute sufficient grounds to revoke the special event permit. Three or more noise complaints filed against the permittee during the permit period, and verified by the Village Police Department, shall constitute sufficient grounds to revoke the use of an outdoor special event permit.

The Individual signing below or the Officer(s) of the organization signing below, individually, and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Applicant Signature

Date

Date Filed _____

App. Fee Paid: _____ Date: _____

of Additional Events Approved: _____

Permit No. _____

Base Permit Fee Paid: _____; Date: _____

Additional Events Fees: _____; Date: _____

Date Issued: _____



SPECIAL EVENT PERMIT

Submitted under Municipal Code Title 7, Chapter 20

Additional Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Additional Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Additional Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Additional Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Additional Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Additional Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Additional Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Additional Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Additional Event Name: _____

Date: _____ Start Time: _____ End Time: _____



**Caledonia Police Department
Investigation for
Village Liquor License**

Village of Caledonia Clerk's Office
5043 Chester Lane,
Racine, WI 53402
Phone: (262) 835-6414
FAX: (262) 835-2388

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		Zip	
Phone		Email			
Place of Birth		Date of Birth		Previous Name	
Previous Address (up to the last 5 years)					
BUSINESS WHERE LIQUOR LICENCE WILL BE HELD					
Name		Phone			
Address		License Type			
What type of establishment do you intend to operate?	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern / Bar <input type="checkbox"/> Nightclub				
Do you understand the State Statutes & Village Ordinances concerning the laws & regulations in the operation of this establishment?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that a licensed bartender or yourself must always be on duty?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you have any entertainment? If so, what type?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Will your music be kept at a level acceptable to the neighborhood?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that the license you are applying for will expire June 30th of each year and that checks will be made by the Police Department, that records will be kept of complaints and these records may have a bearing on the Village Board renewing any future licenses?					Yes <input type="checkbox"/> No <input type="checkbox"/>
What experience do you have in the operation of this type of establishment?					
How will you prevent underage drinking on-premises?					
Have you ever been convicted of violating any federal, state or local laws or ordinances related to alcoholic beverages—If yes, please explain:					
Signature of Applicant					Date
OFFICE USE ONLY					
Review Application and provide notes: <i>(Officer should call applicant directly for questions—attach additional document if needed for notes)</i>					
Applicant Approved? <i>(Send back to Clerk)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>					Date
Name of Investigating Officer <i>(print)</i>					Signature of Investigating Officer <i>(sign)</i>

VILLAGE OF CALEDONIA

TO: Applicants for Operator Licenses

The application for an original, provisional, or renewal Operator License asks questions regarding past convictions or arrests under Local, State or Federal Laws, either as adult or juvenile. These questions **MUST** be answered truthfully. Please read these questions carefully.

A background check will be performed on all applicants. Should we find your information is **NOT** correct, we **WILL** deny your license. The License Committee and Village Board have adopted the "Parameters for Denial of Operator Licenses" as a guideline for license denials. If you have been convicted of any of the offenses listed, your application may be denied. If you have any questions about this, please ask before completing the application.

PARAMETERS FOR DENIAL OF OPERATOR LICENSES

1. **Applicant fails to provide complete, accurate & truthful information. You cannot re-apply until a period of 60 days has elapsed from the date of application.**

2. Two or more convictions within the 2-year period preceding the date of application of **(please read thoroughly):**

- Possession of false identification.
- Underage consumption/possession of alcohol.
- Furnishing or sale of alcohol to minors.
- Any other offense related to the illegal sale of alcohol beverages.
- Conviction of any substance abuse violation. Conviction of a first-time operating under the influence of a controlled substance.
- Sale of alcohol beverages to an intoxicated person.
- Sale of alcohol beverages or keeping a licensed premises open after closing hours.
- Sale of alcohol beverages without a license.
- Conviction of any crime or ordinance involving Local, State or Federal laws.

3. The applicant has been convicted within the 5-year period preceding the date of application of **(please read thoroughly):**

- The applicant has been convicted within the 5-year period preceding the date of the application of a non-alcohol related misdemeanor offense which is substantially related to the licensed activity with respect to which a license is requested. Examples of such substantially similar activity include the following: gambling, drug offenses under Wis. Stat. §961.41, disorderly conduct upon a licensed premises, or battery upon a licensed premises.
- Disorderly conduct or battery where alcohol has been involved.
- Any other alcohol related criminal or ordinance offense.

Any person denied a license may appeal the decision. The request will be made through the Village Clerk's Office and will be forwarded for review to the Legislative and Licensing Committee. **IF YOUR APPLICATION SHOULD BE DENIED, FEES ARE NON-REFUNDABLE.**

Revised 04/2024

Fee Schedule

\$40.00 New or Renewal
\$10.00 Temporary or Provisional
\$ 5.00 Replacement

Receipt No. _____

License No. Issued _____

Provisional No. Issued _____

§7-2-7 (i) \$ _____ Initials _____

**Village of Caledonia
Application for License to Serve Fermented Malt Beverages and
Intoxicating Liquors**

Circle One: New application Renewal Temporary Provisional

I hereby apply for a License to serve, from date hereof to June 30, 20__ inclusive (unless sooner revoked). Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am _____ years of age. Birth Date: ____/____/____ Home/Cell Phone #: _____

Place of employment for which you are applying _____

Driver License #: _____ Email _____

Answer the following questions fully and completely:

Name of Applicant _____
 First Middle Last

Address of Applicant _____
 Street Address City State Zip Code

• As required by WI Statues Section 125.17(6), have you completed the alcohol awareness course? Yes No

CRIMINAL HISTORY BACKGROUND CHECK WILL BE COMPLETED AS PART OF THIS APPLICATION PROCESS. THIS MAY TAKE UP TO TEN (10) DAYS TO COMPLETE.

1. Have you been **convicted of any misdemeanor or felony**? Yes No

2. Have you been **convicted of violating any license or ordinance regulating the sale of Fermented Malt Beverages or Intoxicating Liquors**? Yes No

If you answered yes to either of the above, explain each conviction in detail below including the date of offense, the date of either the charge or conviction, the nature of the violation, where the offense was committed (city, county, state), and the law enforcement issuing the charge.

Dated this _____ day of _____, 20_____.

Applicant signature

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 _____