

Application Date: _____

Proof of WI Seller's Permit No. _____

Name of Corporation, Limited Liability Company, Individual Owner, Private Club or Partner(s)	Liquor/Beer Agent		
Mailing Address	Liquor/Beer Agent Address		
City/State/Zip Code	Liquor/Beer City/State/Zip Code		
Name of Registered Agent or General Partner	Local Contact Person	Phone Number	
Trade Name	Estimated Opening Date		
Business Address	Signature of Owner/Operator		
Type of Business <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Grocery Store <input type="checkbox"/> Caterer <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____			
Food and Drink License? Needed for:			
Private Club? <input type="checkbox"/> Yes <input type="checkbox"/> No			
License Description	Type	Fee	Number
Pre-Inspection & License Fees Non-Refundable	TOTAL	\$	

IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED. INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE.