



Clerk's Office  
 7525 W. Greenfield Avenue, West Allis, WI 53214  
 (414) 302-8220 [www.westalliswi.gov](http://www.westalliswi.gov)

## Liquor License Packet

Included in this portfolio are the necessary documents needed to apply a new Alcohol Beverage license with the City of West Allis. Please print and then sign each of the documents before submitting to the Clerk's Office. For additional copies of a form (i.e. Auxiliary Questionnaire AT-103) print off required copies you need or go to the Quick Link – WI Dept. of Revenue Forms below.

Liquor License fees are prorated as follows. Minimum payment due upon receipt of your application is \$200.00 plus the additional fees (including the Instrumental Music License application of \$140.00, if applicable)

Cash or Check (payable to the City of West Allis):

	Combination B Tavern	Combination Class A
August	\$550.00	\$600.00
September	\$500.00	\$550.00
October	\$450.00	\$500.00
November	\$400.00	\$450.00
December – June	\$350.00	\$400.00

### **Additional fees include:**

- Publication Fee of \$15.00
- Record Check Fee of \$15.00 for every member listed on the Liquor Application (AT-106)

The checklist of the necessary requirements is provided below. The first three (3) items (Detailed Floor Plan, Plan of Operation, and Public Entertainment Form) are required when submitting the Application.

- Detailed Floor Plan – **To be submitted with application**
- Plan of Operation – **To be submitted with application**
- Public Entertainment Form – **To be submitted with application**
- [Article of Incorporation](#)
- [Federal Identification Numbers](#)
- [State Seller Permit or WI Business Tax Registration Certificate with expiration date included](#)
- [Proof of Liquor or Bartending License/Class](#)
- Surrender of Active License with Statement
- Fees paid \$ \_\_\_\_\_
- Fees due \$ \_\_\_\_\_

### **Quick Links:**

- [WI Dept. of Revenue - Forms](#)
- [Operators' Licenses - Alcohol Beverage Laws](#)
- [Alcohol Beverage Laws for Retailers Licenses](#)
- [Wisconsin Alcohol Beverage and Tobacco Laws for Retailers](#)
- [City of West Allis, WI Code Chapter 9: Business And Occupations](#)

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } \_\_\_\_\_  
 Village of } \_\_\_\_\_  
 City of }

County of \_\_\_\_\_ Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

**An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.**

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name \_\_\_\_\_ Business Phone Number \_\_\_\_\_  
 2. Address of Premises \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? . . . . .  Yes  No

(b) If yes, under what name was license issued? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No **If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** .....  Yes  No
9. (a) **Corporate/limited liability company applicants only:** Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Signature	Phone Number	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village of \_\_\_\_\_ County of \_\_\_\_\_  City

The undersigned duly authorized officer(s)/members/managers of \_\_\_\_\_  
*(registered name of corporation/organization or limited liability company)*

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as \_\_\_\_\_  
*(trade name)*

located at \_\_\_\_\_

appoints \_\_\_\_\_  
*(name of appointed agent)*

\_\_\_\_\_ *(home address of appointed agent)*

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? \_\_\_\_\_

Place of residence last year \_\_\_\_\_

For: \_\_\_\_\_  
*(name of corporation/organization/limited liability company)*

By: \_\_\_\_\_  
*(signature of Officer/Member/Manager)*

And: \_\_\_\_\_  
*(signature of Officer/Member/Manager)*

**ACCEPTANCE BY AGENT**

I, \_\_\_\_\_, hereby accept this appointment as agent for the  
*(print/type agent's name)*

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

\_\_\_\_\_  
*(signature of agent)* \_\_\_\_\_ *(date)* Agent's age \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_  
*(home address of agent)*

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
*(date)* *(signature of proper local official)* *(town chair, village president, police chief)*



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## FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business \_\_\_\_\_  
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises \_\_\_\_\_

Trade Name \_\_\_\_\_

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**Instructions:** In any application for an alcohol beverage retail establishment license, excepting special Class B Beer and Wine Licenses, the applicant shall file a detailed floor plan on an 8 ½ inch by 11 inch sized sheet of paper for each floor of the licensed premises. The floor plan shall include:

1. Provide a written detailed description indicating the portion of the building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described).
2. Area in square feet and dimensions of the licensed premises.
3. Locations of all entrances and exits to the premises together with a description of how patrons will enter the premises, the proposed location of the waiting line, and the location where security searches or identification verification will occur.
4. Locations of all seating areas, bars, and, if applicable, food preparation areas.
5. Locations and dimensions of any alcohol beverage storage and display areas.
6. Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
7. North point
8. Date
9. Any other reasonable and pertinent information the License and Health Committee may require either for all applicants or in a particular case.



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## PLAN OF OPERATION

-NEW APPLICANTS ONLY-

- Individual   
  Corporation   
  LLC   
  Partnership

1. Name of Applicant \_\_\_\_\_  
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: \_\_\_\_\_
3. Trade Name: \_\_\_\_\_
4. Address of Licensed Premises: \_\_\_\_\_
5. Hours of Operation for the Premises: \_\_\_\_\_
6. Hours Alcohol will be sold: \_\_\_\_\_
7. Legal Occupancy Capacity of the Premises: \_\_\_\_\_
8. Identify the number of parking spaces on the premises. *Do not include street parking.*  
 If none, write 0: \_\_\_\_\_
9. Describe Percentage of sales (*Must TOTAL to 100%*):
 

a. Alcohol Sales _____%	b. Entertainment Sales (if applicable) _____% <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) _____%	d. Other _____%
10. Is the premises less than 300 feet from any school, hospital, or church?    No    Yes
11. Types of Business, planned or currently conducted at the premises (choose all that apply):
 

<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input type="checkbox"/> Lounge	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Gas Station
<input type="checkbox"/> Hotel	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Night Club
<input type="checkbox"/> Private/Fraternal Veteran's Club	<input type="checkbox"/> Sports Facility	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Tavern	<input type="checkbox"/> Teen Club	<input type="checkbox"/> Other _____

**SECURITY** (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:  
 \_\_\_\_\_
13. Number of security personnel expected to be on the premises: Sunday – Thursday \_\_\_\_\_  
 Friday and Saturday \_\_\_\_\_
14. Security personnel responsibilities:
15. Equipment used by security personnel:
16. Presence and location of security cameras (inside and outside):

17. Will searches or identification verification be conducted?  No  Yes, describe where:

**LITTER AND NOISE** (attach additional sheets as necessary):

18. Description of designated smoking area(s). *(To be completed by Class B and C licensees only.)*:

19. Identify the solid waste contractor hired by the applicant:

20. The number and location of exterior and interior trash receptacles.

Interior: \_\_\_\_\_

Exterior: \_\_\_\_\_

21. How will the exterior trash/littering be addressed?:

22. How will the noise issues be address?



## **PUBLIC ENTERTAINMENT FORM**

Must be completed every year by each establishment selling/serving alcohol.

Note: All entertainment must be listed below and is subject to approval by the Common Council. Only entertainment approved and listed on license may be allowed in the premises. Permitting unauthorized entertainment will subject licensee to citations, and/or suspension, revocation, or non-renewal of the license.

1. Name of License Application \_\_\_\_\_  
(Individual, Corp., LLC, Partners)
2. Trade Name: \_\_\_\_\_
3. Address of Premises: \_\_\_\_\_
3. Identify if Sound Amplification is Used.      No      Yes, Describe:  
 \_\_\_\_\_

**Choose below all licenses and permits that apply, if any, are planned for the premises:**

**Amusement Devices 9.08**

Complete form on back for all machines owned by licensee.

- Amusement Machines \$35  
 How Many? \_\_\_\_\_  
 Owned by:  Distributor  Licensee
- Juke Box/Phonograph \$25  
 How Many? \_\_\_\_\_  
 Owned by:  Distributor  Licensee
- Pool Tables \$35  
 How Many? \_\_\_\_\_  
 Owned by:  Distributor  Licensee

**Dance Halls 9.05 - \$60**

- Patron Dancing

**Billiard Tables and/or Bowling Alleys 9.06 \$35**

- Bowling Alley – How Many? \_\_\_\_\_
- Billiard Table - How Many? \_\_\_\_\_  
 Owned by:  Distributor  Licensee

**Instrumental Music 9.032 \$140**

Describe instrument or type of music planned

- \_\_\_\_\_
- \_\_\_\_\_
- Bands
  - Concerts Approx. # per year? \_\_\_\_\_
  - Disc Jockey
  - Instrumental Musicians

**Tavern Entertainment License – Special Entertainment 9.033 - \$1400**

- Adult Entertainment/Strippers/Erotic Dance
- Cabaret Shows

**Tavern Entertainment License – Other Entertainment 9.034 - \$250**

- Dancing by Performers
- Motion Pictures - How many screens? \_\_\_\_\_
- Patron Contests
- Poetry Readings
- Theatrical Performances

**Other:** \_\_\_\_\_

	<b>AMUSEMENT PHONOGRAPH</b>	<b>DEVICE NAME</b>	<b>SERIAL NO.</b>	<b>LICENSE NO. (OFFICE USE ONLY)</b>
1.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
2.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
3.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
4.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
5.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
6.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
7.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
8.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
9.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
10.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			

\*\*Use separate sheet of paper if necessary.\*\*

<b>CLERK'S OFFICE USE</b>						
	<b>License Number</b>	<b># of Alleys /Tables/Tags</b>	<b>Date:</b>			
			<b>Granted</b>	<b>POF</b>	<b>Denied</b>	<b>Issued</b>
<b>Billiard, Bowling Alley</b>						
<b>Amusement</b>						
<b>Phonograph</b>						
<b>Dance Hall</b>						
<b>Instrumental Music</b>						