

ALCOHOL AND FERMENTED MALT BEVERAGE
CLASS B & C APPLICATION SUPPLEMENTAL FORM

Receipt #: _____

License #: _____

Application Date: _____

1. Applicant Information

Applicant Name: _____

Trade Name of Business: _____

Business Address: _____

Business Telephone: _____

Business Email: _____

Application Type: New Renewal

Application Type: Class B (fermented malt beverages)
Class B (intoxicating liquors)
Class C (cider only)

2. Business Plan

Describe the business; provide copy of business plan (business plan is for office use only).

Describe your management experience.

Hours of Operation: _____

Number of employees: _____ Type of employees expected to work at establishment:

Anticipated opening date (new applicants only): _____ Seating Capacity: _____

3. Security Plan: _____

What security features will you have? Please check all that apply.

Security Alarm System – If Yes, list name of company and contact information below.

Security Cameras – If Yes, where will they be placed and what will be covered:

Who will have access to security cameras?

How long will your data from the cameras be stored and will you allow the police to obtain video?

How many access doors do you have and when will they be open?

Do you have: Outdoor lighting around the business? Motion Detected
Constant

Any after hours operation? Yes No

If Yes please explain: _____

4. Do you have a policy to train employees in the sale of alcohol? Yes No

If yes, how often in the policy reviewed by the management and employees?

5. Explain your process for age verification of customers. _____

6. Who will conduct the actual sale of alcohol? This is the transaction where the patron hands the money to the cashier after reviewing the patron’s identification. The purchaser of alcohol is defined when the money is exchanged, not when the merchandise is scanned at the register.

Only employees over the age of 18

Only a licensed operator on the premises

Other, please explain: _____

7. Attached a detailed site plan depicting the licensed premises, parking, garbage storage area, entrances/exits, liquor storage areas, coolers, external lighting, signage, etc.

8. Premises Description

Describe area where alcohol beverages are to be stored and indicate on the site plan.

Describe area where alcohol records are to be stored and indicate on site plan.

Describe area where alcohol beverages are to be sold and indicate on site plan.

Describe the locations in the store where alcohol will be displayed and the type of structure that will be used for the display (for example, temporary/permanent shelving, rolling shelf, pallet, etc.)

9. Is there currently a license at the location (new applicants only)? Yes No

If Yes, what if any, changes are being proposed? _____

10. Will food be served on the premises? Yes No

If Yes, provide explanation of food preparation and serving areas hours of operation, types of food to be served on-site, pick-up/or delivery, etc. _____

11. Is there any other business conducted on the premises? Yes No

If Yes, please explain: _____

12. Describe good and services to be sold at this location, along with the estimated % of sales devoted to alcohol, food, other products and services.

Percent gross receipts from intoxicating liquor
and/or fermented malt beverages: _____

Percent gross receipts from other (list below): _____

12. Who may we contact between 8:00a.m. and 4:30p.m. regarding this license?

Contact Person: _____

Email Address: _____

Telephone Number: _____

13. The following must be included with this application:

A. New Application

___ Federal Identification Number

___ Wisconsin Sellers Permit or Use Tax Registration Certificate with expiration date

___ Articles of Incorporation (Corporation/LLC only)

___ Deeds, Lease or Offer to Purchase Agreement

___ Form for surrender of previous license (if applicable)

___ Responsible Beverage Service Training Course Certificate

B. Renewal Application – Attach or check no changes box

___ Wisconsin Seller's Permit or Use Tax Registration Certificate with expiration date

___ Federal Identification Number ___ No changes from last application

___ Articles of Incorporation (Corporate/LLC) ___ No changes from last application

___ Deed, Lease or Offer to Purchase ___ No changes from last application
(current year tax bill can be submitted in place of deed)

___ Form for surrender of previous license (if applicable)

___ Responsible Beverage Service Training Course Certificate (only if agent change)

I certify the information provided on this form is true and correct to the best of my knowledge.

Signature of Applicant

Date

Department Approval**If denied, please explain on back.****City Clerk**

<u>Department</u>	<u>Approved/Denied</u>	<u>Signature</u>	<u>Date</u>
City Clerk	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

Administration

<u>Department</u>	<u>Approved/Denied</u>	<u>Signature</u>	<u>Date</u>
Taxes	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Special Assessments	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Utility Bills	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Other Claims Owed	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Forfeiture from a violation of any City of Portage Ordinance	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

Police Department

<u>Department</u>	<u>Approved/Denied</u>	<u>Signature</u>	<u>Date</u>
Chief of Police	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

Fire Department

<u>Department</u>	<u>Approved/Denied</u>	<u>Signature</u>	<u>Date</u>
In compliance with regulations	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

Building Inspection

<u>Department</u>	<u>Approved/Denied</u>	<u>Signature</u>	<u>Date</u>
In compliance with regulations	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		