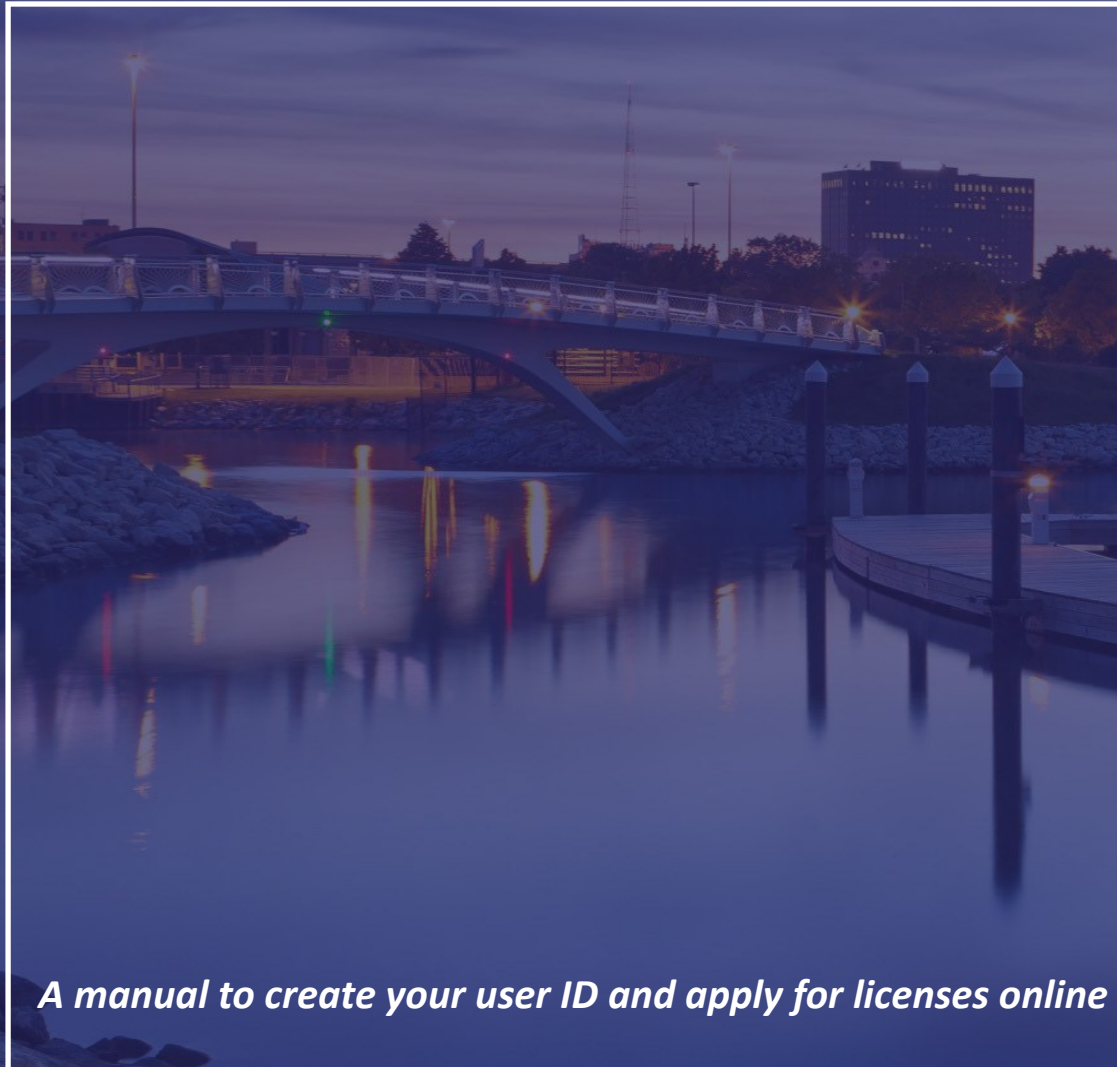




A manual to create your user ID and apply for licenses online

City of Milwaukee
License Division

Form
USERGUIDE



Applying Online is easy, convenient, and quick

Go to www.milwaukee.gov/lms to log in or create an account

Official Website of the City of Milwaukee

CALL for Action (414) 286-CITY | Click for Services

Directory Residents Business Visitors

Online Services

Announcements Accessibility Support Register for an Account Login

For all permit fees and submittal information, please see our Info Sheets page.
<https://city.milwaukee.gov/DNS/permits/DNSinfo>

Search...

Home Building Development Enforcement Licenses Public Works

Advanced Search

In response to the COVID-19 pandemic, many City offices currently have limited hours or are closed for walk-in services to prevent the spread of the virus. Please check the website for department updates to schedules and services. Please allow for additional time for City services to occur as City staff respond to developments.

COVID-19 UPDATE: All permitted work in the Public Way related to Essential Infrastructure and Essential Businesses and Operations will be required to follow the State of Wisconsin "Safer at Home" order and the City of Milwaukee "Stay-at-Home" Requirements. All entities shall meet Social Distancing Requirements between all individuals on the premises to the extent possible. If work within the right of way is found non-compliant with the State and City orders, the City will have the right to stop work and revoke any permit effective immediately.

We are pleased to offer our citizens, businesses, and visitors access to government services online, 24 hours a day, 7 days a week. [Contact Us](#)

Features Include:

- Schedule inspections online
- Review the record status and inspections results online
- Upload drawings, correspondence, photos and plans electronically
- Pay online after all regulatory or reviews have been met

Login

User Name or E-mail:

Password:

Login »

☐ Remember me on this computer

[New Users: Register for an Account](#)

PLEASE NOTE: Users are NOT required to log in to search records.

Current users login

Create a new account

HOW TO CREATE AN ACCOUNT

1

Read and accept the *Disclaimer of Liability*;

Online Services

Announcements

For all permit fees and submittal information, please see our Info Sheets page.
<https://city.milwaukee.gov/DNS/permits/DNSinfo>

Home Building Development Enforcement Licenses Public Works

Advanced Search ▾

Account Registration

You will be asked to provide the following information to open an account:

- Choose a user name and password
- Personal and Contact Information
- License Numbers if you are registering as a licensed professional (optional)

Please review and accept the terms below to proceed.

Disclaimer of Liability

The City of Milwaukee makes information available on its web site to enhance public knowledge and promote a better understanding of the City and its government. The City attempts to provide accurate, complete, and timely information. The City, however, cannot guarantee the quality, content, accuracy, or completeness of the information, text, graphics, links, and other items contained on its web pages because the material comes from a variety of sources, collected and maintained for different purposes. The City also retains the right to change any content on its web site without prior notice.

☒ I agree to the

[Continue Registration >](#)

* Required Fields

USER NAME: *

Must enter a User Name:

E-MAIL ADDRESS: *

Must enter a E-mail Address:

PASSWORD: *

Must enter a Password:

TYPE PASSWORD AGAIN: *

Must enter a Type Password Again:

ENTER SECURITY QUESTION: *

Select

Must enter a Enter Security Question:

ANSWER: *

Must enter a Answer:

☐ I have read, understand, and agree to the [Terms of Service](#)

CONTINUE

Select Contact Type

STEP 2 OF 2: CONTACT DETAILS

☒ Applicant

☐ Individual

☐ Operator

* Required Fields

FIRST: *

MIDDLE:

LAST: *

NAME OF BUSINESS:

WORK PHONE:

MOBILE PHONE:

2

proceed to enter your account information under “Login information”; then select “Applicant” and complete the following “Contact Information” prompts.

3

Your account is now set up. You can access it using the Login Form at www.milwaukee.gov/lms.

You can review your account information on the home tab once you log in.

Announcements Register for an Account Login

For all permit fees and submittal information, please see our Info Sheets page.
<https://city.milwaukee.gov/DNS/permits/DNSinfo> Search...

Home Building Development Enforcement Licenses Public Works

Advanced Search

Your account is successfully registered.

Congratulations. You have successfully registered an account.

Account Information

User Name:	Janedoe
E-mail:	janedoe@milwaukee.gov
Password:	*****
Security Question:	What is the name of your favorite pet?

Contact Information

Jane A Doe	Home Phone: 414-111-1111
200 E Wells St	Work Phone:
janedoe@milwaukee.gov	Mobile Phone:
	Fax:

Contact Address List

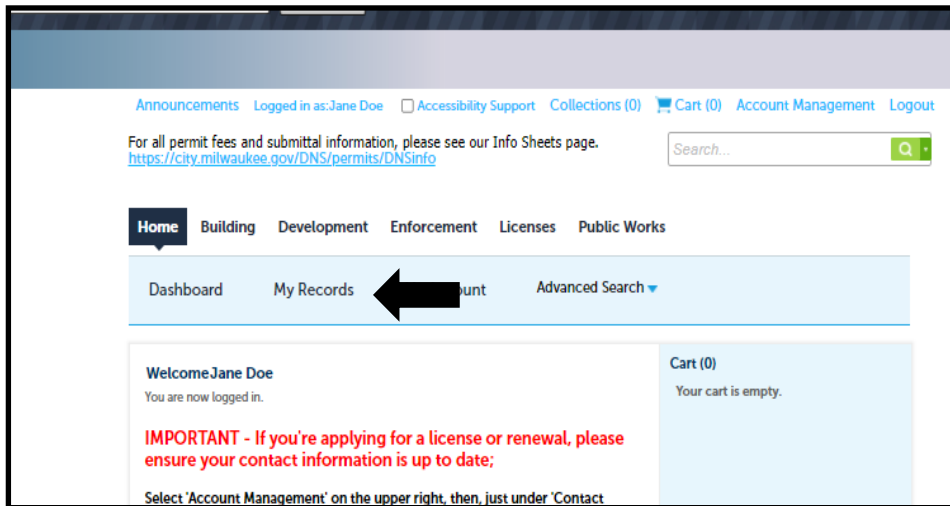
▼ Contact Addresses

Showing 0-0 of 0

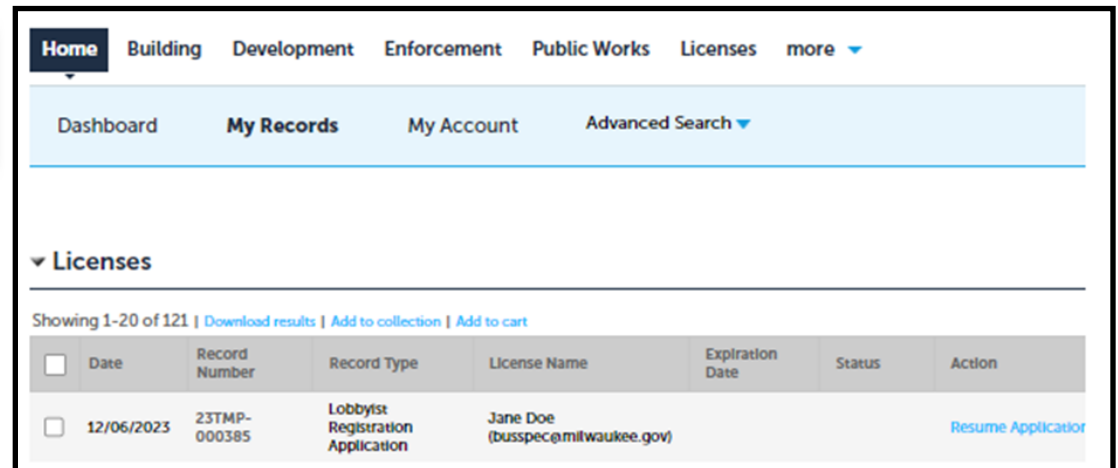
Address Type	Recipient	Address
No records found.		

HOW TO CHECK MY RECORD AND PROGRESS

On the home tab, select “My Records”. Then, select the Licenses drop-down, which will show current license applications and the status



The “Status” will change upon license approval, denial, or nonrenewal.



***Class B Tavern Business
License Application***



How to Apply for a Class B Tavern Business License

The screenshot shows the top navigation bar with 'Home', 'City Clerk' (highlighted with a red box), 'Building', 'Development', 'Enforcement', 'Licenses', and 'Public Works'. Below this is a secondary bar with 'Dashboard', 'My Records', 'My Account', and 'Advanced Search'. The main content area greets the user 'Hello, licensetest' and displays two panels: 'Saved in Cart (0)' with a 'View Cart' button and 'My Collection (0)' with a 'View Collections' button. Both panels indicate no items are currently present. At the bottom, there is a 'Work in progress' section with a 'View All Records' button and a table header for 'Food Dealer' with columns for Record Name, Record ID, Module, Creation Date, and Action.

Review the Disclaimer of Liability. Once you have read the disclaimer, check the “I have read and accepted the above items” box, before selecting “Continue Application”.

Once your account is set up and you have logged-in, select “City Clerk” from the menu at the top of the page.

This screenshot shows the 'Licenses' menu highlighted in the top navigation bar. Below it, a light blue bar contains two buttons: 'Apply for a License' and 'Search Applications'.

Online Application

IMPORTANT - If you're applying for a license or renewal, please ensure your contact information is up to date;

Select 'Account Management' on the upper right, then, just under 'Contact Management', scroll to the right and select 'Action' then 'View'. Please then review and make any needed updates.

For additional license and renewal information, please visit the City Clerk site via [right clicking here](#), and opening in a new tab.

Welcome to the City of Milwaukee's Online Permitting System. Using this system you can submit and update information, pay fees, schedule inspections, track the status of your application, and print your final record all from the convenience of your home or office, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.

The screenshot shows a scrollable text box titled 'Disclaimer of Liability'. The text states that the City of Milwaukee makes information available on its website to enhance public knowledge and promote a better understanding of the City and its government. It also notes that the City cannot guarantee the quality, content, accuracy, or completeness of the information, text, graphics, links, and other items contained on its web pages because the material comes from a variety of sources, collected and maintained for different purposes.

☒ I have read and accepted the above terms.

[Continue Application »](#)

How to Apply for a Class B Tavern License

To select the correct license application, either use the search bar and type “Class B” or select “Liquor Business License Applications” and select the Class B Tavern License

Select a Record Type

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.

▼ LIQUOR BUSINESS LICENSE APPLICATIONS

- ☐ Class A Fermented Malt Beverages Retailers License Application
- ☐ Class A Liquor and Malt Retailer License Application
- ☐ Class A Liquor Retailer License Application
- ☐ Class B Fermented Malt Beverage Application
- ☒ Class B Tavern License Application
- ☐ Class C Wine License Application

► Permits

[Continue Application »](#)

Once you find the application, select continue application.

BUSINESS LICENSE INFO—CONTACT INFO

In the Business Contact Info section, first add the Business Entity. If this is a new business, select “Add New”. If it is a renewal, select “Look Up” and search for your business.

Business Entity

If filing as a Sole Proprietor

1. Add yourself as the Business Entity with Contact Information for your Business
 - Select sole proprietor
 - Select Occupancy Type from the list
2. Add yourself as the Agent-Sole Proprietor-1st Partner with Contact Information

If filing as a Partnership

1. Add yourself and all partners with contact information as the Business Entity
2. provide name/contact information for the first partner as Agent-Sole Proprietor-1st Partner
3. provide name/contact information for additional partner-shareholders
4. Occupancy Permit Status: Select appropriate item from the list. All partners must sign.

If filing as a Corporation or Limited Liability Company

1. Select LLC or Corporation, the legal entity name is the LLC or Corporation, provide business name and contact information as the Business Entity
2. provide name and contact information for the agent (also include percent of ownership interest if agent is also a shareholder)
3. provide the name and contact information for all Business shareholders that own 20% or more ownership interest
4. Occupancy Permit Status: Select appropriate item from the list. Two 20% or more shareholders must sign. If there are no 20% or more shareholders, a corporate officer must print their name and title and sign.

Select from Account

Add New

Look Up

Bed and Breakfast Business License Application

Contact Information

* Legal Entity Name ? Milwaukee B&B Inc.

* Doing Business As (DBA) Milwaukee B&B

* Address Line 1 200 E Wells St

* City: Milwaukee * State: WI * Zip: 53202

* E-mail: samueltdawson@gmail.com * Business Phone: 414-555-5555

* Type of Ownership: Corporation

* Occupancy Permit Select one from the List: has been obtained

Reason Occupancy Permit is not needed:

Add the Business Entity information, including the Legal name as it is registered with the Wisconsin Department of Financial Institutions. Be sure to list the proper Ownership type, as well as provide the status of your occupancy permit.

BUSINESS LICENSE INFO—CONTACT INFO

Once the Business Entity Information is entered, scroll down to “Add Additional Contact Address” to add a mailing address.

Contact Information

* Occupancy Permit Select one from the List:

has been obtained

Reason Occupancy Permit is not needed:

Prior Name Information

Showing 0-0 of 0

First	Middle	Last	Title	Suffix
No records found.				

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

▼ Contact Addresses

[Add Additional Contact Address](#)

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 0-0 of 0

Address Type	Recipient	Address	Action
No records found.			

[Continue](#) [Clear](#) [Discard Changes](#)

Contact Address Information

* Address Type:

Mailing

* Address Line 1:

200 E Wells St

Address Line 2:

Address Line 3:

* City:

Milwaukee

State:

WI

* ZIP Code:

53202

Country/Region:

United States

[Save and Close](#)

[Save and Add Another](#)

[Clear](#)

[Discard Changes](#)

Contact Information

from the List:

has been obtained

Reason Occupancy Permit is not needed:

Prior Name Information

Showing 0-0 of 0

First	Middle	Last	Title	Suffix
No records found.				

[Add a Row](#) [Edit Selected](#) [Delete Selected](#)

▼ Contact Addresses

[Add Additional Contact Address](#)

To edit a contact address, click the address link.
Required contact address type(s): Mailing

✔ Contact address added successfully.

Showing 1-1 of 1

Address Type	Recipient	Address	Action
Mailing		200 E Wells St	Actions

[Continue](#)

[Clear](#)

[Discard Changes](#)

In the Contact Address Information, select “Mailing” under Address Type, complete the form, and select “Save and Close”. Review your information for accuracy and select “Continue”.

BUSINESS LICENSE INFO—CONTACT INFO

Next, add the Agent-SoleProprietor-1st Partner information. Click “Select from Account”, which will allow you to select your contact information. From here, select the proper ad-

Select Contact from Account

Select a contact to attach to this application.
If the contact has multiple addresses, you can select which to use in the next step.

For Business Entity please select an Organization from your account.
Showing 1-2 of 2

Category	Type	Name
☐ Associated Contact	Individual	Dawson's Tavern, Inc.
☒ Associated Contact	Individual	Sam Dawson

[Continue](#) [Discard Changes](#)

Contact Information

*First:

Sam

Middle:

*Last:

Dawson

*Address Line 1

200 E Wells St.

*City:

Milwaukee

*State:

WI

*Zip:

53202

Business Phone:

Mobile Phone:

E-mail:

samueldawson@gmail.com

*Birth Date:

12/04/1993

*Driver's License/State ID #

WDL123456789

*Issuing State:

WI

*Business Owner Title:

--Select--

*Percentage of Ownership:

Review and edit the Contact Information form. Be sure to select the correct title under “Business Owner Title”, such as Owner, Agent, Partner, etc., as well as the Percentage of Ownership.

Additional Agent & Shareholders

List any additional partner(s) or owner(s) with 20% or more interest as a “Business Shareholder”

[Select from Account](#)

[Add New](#)

[Look Up](#)

Showing 0-0 of 0

Full Name	Business Name	Contact Type	Work Phone	Fax	E-mail	Action
No records found.						

[Save and resume later](#)

If the business has multiple agents/shareholders who hold 20% or more interest in the business, you can add their information using the same process as previously in the “Additional Agent & Shareholders” Section. Once complete, select “Continue Application”.

BUSINESS LICENSE INFO—LOCATION INFORMATION

In this section, you will need to search for the premises of your business. Start by entering the street number and name in to the corresponding fields, before selecting search. Review the results and select the appropriate address, parcel, and associated owners. If correct, click the “Select” button. If incorrect results are presented, exit the pop up and select “Clear” before reentering the premises information.

Address

To search for an address, please enter the Street Number and Street Name, and then select Search. A broader search works best. Do not fill in all of the values. The system will return all matching values allowing you to select the appropriate one.

* Street No.:

Direction:

--Select--

* Street Name:

Street Type:

--Select--

Unit No.:

Unit Type:

--Select--

City:

State:

--Select--

Zip:

Search

Clear

Review the Address, Parcel, and Owner information for accuracy. If any information is inaccurate, either edit the fields or try searching the address again to ensure you selected the proper location. When you are ready to move forward, select “Continue Application”.

Address Search Result List

Addresses

Showing 1-10 of 20

Address	City	State	Zip
☒ 200 200 E WELLS ST, 103 103, 218292 9111, MILWAUKEE 3921261000 WI 532023510, 200 E WELLS ST 103, 3921261000	MILWAUKEE	WI	532023510
☐ 200 200 E WELLS ST, 103B 103B, 469824 9111, MILWAUKEE 3921261000 WI 532023510, 200 E WELLS ST 103B, 3921261000	MILWAUKEE	WI	532023510
☐ 200 200 E WELLS ST, 103P 103P, 469825 9111, MILWAUKEE 3921261000 WI 532023510, 200 E WELLS ST 103P, 3921261000	MILWAUKEE	WI	532023510

BUSINESS PLAN INFORMATION— Part 1

In this section, you will need to enter information about your business plan, including the Type of Business (such as drive thru, delivery, and/or dining room, previous experience, premises information, litter and noise management, and smoking and sanitation. Enter all information possible. Fields with red astericks are required fields, though all fields should be filled out if possible. When complete, select “Continue Application”.

Business Operations

BUSINESS OPERATIONS

* Do you have experience operating this type of business?:
☐ Yes ☐ No

* Proposed Opening Date:
MM/DD/YYYY 

Describe your experience operating this type of business:

spell check

* Is this premise under construction?:
☐ Yes ☐ No

List estimated completion date for construction.:
MM/DD/YYYY 

Is this a franchise?:
☐ Yes ☐ No

Is this premises currently licensed?:
 No

Is the current licensee operating? :

* Do you have future plans for other businesses, licenses or permits at this location?:
 ☐ Yes ☐ No

Describe future plans for other licenses or permits:

Address if you have previously held an Extended Hours License in Milwaukee?:
 List Address or None

Previous held Extended Hours license:
☐ Yes ☐ No

Are other businesses operating in the same building:
 Other Business or None

LITTER AND NOISE

Check all that apply to how you are going to manage Litter and Noise for the business

Are grounds Swept:	☒	Grounds cleaned by pressure wash:	☐
Is litter picked up:	☒	Grounds cleaned daily:	☒
Grounds cleaned weekly:	☐	Grounds cleaned as needed:	☐
Grounds cleaned Monthly:	☐	Grounds kept clean other method:	
How often grounds cleaned other:		Grounds cleaned by Licensee:	☒
Grounds cleaned by Building Owner:	☐	Grounds cleaned by Employees:	☒
Grounds cleaned by Hired Maintenance:	☐	Grounds cleaned by Other:	
How are noise issues prevented and/or addressed. Security?:	☐	Noise issues Manager approaches customer(s):	☒
Noise issues Call Police:	☐	Noise issues Signs Posted:	☒
Noise issues other:		Describe sound amplification system if used:	

4. Smoking and Sanitation

SMOKING AND SANITATION

Are there designated outdoor smoking areas? If yes please describe.

* Are there designated outdoor smoking areas?:
☐ Yes ☒ No

Designated outdoor smoking areas:


* Number of Garbage Cans Inside:

2

* Inside garbage can locations:

Near the entrance and no

* Number of Garbage Cans Outside:

1

* Outside garbage can locations:

near the entrance.

* Describe if a crowd control barrier is used, if not then enter None:

None

* How many restrooms are on the premises?:

2

* Name of solid waste contractor:

Waste Management

List Other waste contractor:

Save and resume later

Continue Application »

BUSINESS PLAN INFORMATION— Part 2

In the next portion of the Business Plan Info section, you will be asked to provide information about parking, security personnel and cameras, sales percentage, and existing licenses on the premise.

Re: 1 Business License Info 2 Business Plan Information 3 Food Dealer Plan 4 Documentation 5 Review 6 7 8

Step 2: Business Plan Information > Business Plan Info - Part 2

* indicates a required field.

5. Security

SECURITY

* Are there onsite parking spaces?:

☒ Yes ☐ No

REQUIRED

* Number of onsite parking spaces:

5

REQUIRED

* description of onsite parking security plan:

All spaces are in view of security cameras.

spell check

* Is there a loading zone? if not then enter None or if so please describe:

None

* Security personnel on premise:

☐ Yes ☒ No

Number of security personnel:

Security personnel responsibilities:

If security equipment is used please describe, otherwise enter None.:

Security personnel licensing, certification or training credentials:

* Will there be security cameras?:

☒ Yes ☐ No

REQUIRED

* Number of Security cameras:

3

REQUIRED

* Locations of security cameras:

Two inside, one outside

Describe searches/identification checks if done upon entry?:

6. Percentage of Sales

PERCENTAGE OF SALES

Showing 0-0 of 0

PERCENTAGE OF SALES (must total 100)	Percentage (such as 25 is 25%)	Description
No records found.		
Add a Row Edit Selected Delete Selected		

To add information about sales, select “Add a Row”. In new window, first select the product type, such as “Food”, and then add the percentage and a description, and select “Submit”. Repeat until your sales reach 100 %.

PERCENTAGE OF SALES

PERCENTAGE OF SALES (must total 100%):

Alcohol

Percentage (in decimals such as .25 is 25%):

95

Description:

Submit

Cancel

If there is an issue with your entries, you can easily edit the entry by selecting the Actions menu next to the entry and select either edit or delete.

PERCENTAGE OF SALES

Showing 1-1 of 1

☐	PERCENTAGE OF SALES (must total 100%)	Percentage (in decimals such as .25 is 25%)	Description	Actions
☐	Alcohol	95		Edit Delete
Add a Row Edit Selected Delete Selected				

BUSINESS PLAN INFORMATION— Part 2

Next, review the lists of business types, and existing licenses or permits and mark any that are currently active at the business premises.

Type 1 - Business

TYPE 1 - BUSINESS

Existing Business License on the premises - Check all that apply

- | | | | |
|----------------------------------|-------------------------------|-------------------|--------------------------|
| Full Service Restaurant: | ☐ | Night Club: | ☐ |
| Banquet Hall: | ☐ | Cafe/Coffee Shop: | ☐ |
| Tavern: | ☐ | Sports Facility: | ☐ |
| Deli or Fast Food Restaurant: | ☐ | Cocktail Lounge: | ☐ |
| Private/Fraternal/Veterans Club: | ☐ | Teen Club: | ☐ |
| Hotel/Motel: | ☐ | Rooming House: | ☐ |
| Capacity: | <input type="text" value=""/> | | |

Existing Licenses or Permits

TYPES OF ENTERTAINMENT

CHECK ALL THAT APPLY Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier established by the Common Council in its approval of the licensee's plan of operation.

- | | | | |
|---|--------------------------|--|-------------------------------|
| Adult Entertainment/
Strippers/Erotic Dance: | ☐ | Instrumental Musicians: | ☐ |
| Bands: | ☐ | Battle of the Bands: | ☐ |
| Comedy Acts: | ☐ | Disc Jockey: | ☐ |
| Dancing by Performers: | ☐ | Jukebox: | ☐ |
| Karaoke: | ☐ | Patron Contests: | ☐ |
| Patrons Dancing: | ☐ | Magic Shows: | ☐ |
| Poetry Readings: | ☐ | Wrestling: | ☐ |
| Amusement Machines: | ☐ | How many Amusement Machines: | <input type="text" value=""/> |
| Concerts: | ☐ | Approximate number per year: | <input type="text" value=""/> |
| Theatrical Performances: | ☐ | Approximate number of Theatrical
Performances per year: | <input type="text" value=""/> |
| Bowling Alley: | ☐ | How many Bowling Alleys: | <input type="text" value=""/> |
| Pool Tables: | ☐ | How many Pool Tables: | <input type="text" value=""/> |
| Motion Pictures (movies by
admission): | ☐ | How many Motion Pictures: | <input type="text" value=""/> |

Type 2 - Business

TYPE 2 - BUSINESS

What other licenses/permits will you hold at this location? (check all that apply and this website will assist you in filling in the supplemental business licenses required.)

- | | | | |
|---|--------------------------|--------------------|--------------------------|
| Used Car Dealer: | ☐ | Corner Store: | ☐ |
| Amusement/Phonograph
Distributor: | ☐ | Supermarket: | ☐ |
| Personal Service Establishment
(such as tattoo business, hair salon,
tailor, etc.): | ☐ | Convenience Store: | ☐ |
| Recycling, Salvage or Towing: | ☐ | Recording Studio: | ☐ |

BUSINESS PLAN INFORMATION— Part 3

In section 10, you are asked to add information about the premises, including the areas used in operating the business, and owner information.

Review Progress

1 Business License Info	2 Business Plan Information	3 Food Dealer Plan	4 Documentation	5 Review	6	7	8
-------------------------	-----------------------------	--------------------	-----------------	----------	---	---	---

Step 2: Business Plan Information > Business Plan Info - Part 3

* indicates a required field.

10. Premises Description

PREMISES DESCRIPTION

Identify all areas used in operating business

* Describe areas used in operating this business:

Kitchen, storage closet, dining room, parking lot.

spell check

Describe Location: Major Thoroughfare:

Wells St.

Describe Location: Secondary Street:

Water St.

Nearest Major Cross Street:

Wells and Water

Describe Building:

Free Standing

Describe Building Other:

Describe Premises Structure:

Multi Story

Number of Stories:

8

Describe Premises Structure Other:

Describe Surrounding Area:

Commercial

Describe Surrounding Area Other:

* Building Owner Name:

Test Owner

* Building Owner Phone Number:

4145555555

* Building Owner Address:

555 Test Ave., Milwaukee

In Hours of Operations you can add your business hours and customer restriction information. To do this, select all the days of the week, and click “Edit Selected”.

11. Hours of Operation and Customers

HOURS OF OPERATION & CUSTOMERS

Edit the below Hours of Operation to reflect when you will Open and Close for business. If you open and close multiple times a day (e.g. 8am - 11am, 1pm - 4pm, enter the earliest and latest times (e.g. 8am - 4pm). If you are not open on any given day, select “Closed” for that day.



Required forms have not been completed in the section below. For each of the indicated rows, please click Edit from the Actions drop-down menu to complete the form.

Showing 1-7 of 7

☒	Day of the Week	Closed	Open Time (include am or pm)	Close Time (include am or pm)	
☒	Monday				Actions
☒	Tuesday				Actions
☒	Wednesday				Actions
☒	Thursday				Actions
☒	Friday				Actions
☒	Saturday				Actions
☒	Sunday				Actions

Add a Row

Edit Selected

Delete Selected

HOURS OF OPERATION & CUSTOMERS

Edit the below Hours of Operation to reflect when you will Open and Close for business. If you open and close multiple times a day (e.g. 8am - 11am, 1pm - 4pm, enter the earliest and latest times (e.g. 8am - 4pm). If you are not open on any given day, select “Closed” for that day.

Day of the Week:

Monday

* Closed:

☒ Yes ☐ No

Open Time (include am or pm):

Close Time (include am or pm):

Day of the Week:

Tuesday

* Closed:

☐ Yes ☒ No

Open Time (include am or pm):

8am

Close Time (include am or pm):

10pm

Day of the Week:

Wednesday

* Closed:

☐ Yes ☒ No

Open Time (include am or pm):

8am

In the new window, go day-by-day, entering the hours (or if closed select “Yes” in the “Closed” prompt”) . Once complete, select “Submit” before continuing the application.

Additional Business Activity

Review the list of other business activities and select “Yes” for those that you plan on including into your business.

Step 3: Alcohol Beverage Retail App > Addtl. Business Activity

* indicates a required field.

Custom Fields

BUSINESS ACTIVITY INFORMATION

Based on your business activity what other licenses/permits will you hold at this location? (select Yes to all that apply). Checking yes will allow this website to assist in the creation of supplemental license application that maybe required.

Cigarette & Tobacco:

☐ Yes ☐ No

Extended Hours:



☐ Yes ☐ No

Food Peddler:

☐ Yes ☐ No

Food Retail:

☐ Yes ☐ No

Food Restaurant:

☐ Yes ☐ No

Hotel:

☐ Yes ☐ No

Loading Zone:

☐ Yes ☐ No

Parking Lot:

☐ Yes ☐ No

Public Entertainment:

☐ Yes ☐ No

Sidewalk Dining:



☐ Yes ☐ No

Weights & Measures:

☒ Yes ☐ No

Save and resume later

Continue Application »

Application Details

Complete the Premises Information, Responsible Server Course, Business Information, and Property Information Sections.

Alcohol Application Information

Premises Information

* Is the building within 300 feet of any church, school, daycare center or hospital?:

☐ Yes ☒ No

If applying for Class B or C license, are you applying for "Service Bar Only"? ?

☐ Yes ☐ No

Do you currently have a Class A Fermented Malt License?:

☐ Yes ☐ No

Responsible Server Course

RESPONSIBLE SERVER COURSE

Wisconsin State Statutes require that all new applicants complete a Responsible Beverage Server Training Course.

Held a bartender's license or Class "B" Manager's License in state of Wisconsin?: ?

☒ Yes ☐ No

Held a Class "A" or "B" Alcohol Beverage license in state of Wisconsin?: ?

☐ Yes ☒ No

Completed a Responsible Beverage Server Training Course in state of Wisconsin?: ?

☒ Yes ☐ No

Business Information

BUSINESS INFORMATION

* Are you taking out this application for anyone that may not be eligible for a license?:

☐ Yes ☒ No

If Yes above list names and address:

* Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?:

☒ Yes ☐ No

If No above list name and address of the person(s) who will:

* Does anyone else have money invested or any other interest in this business?:

☐ Yes ☒ No

Explain someone else has money or interest in the business:

* Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?:

☐ Yes ☒ No

If repaying loan or other payments from business income list names and address:

* Does the present owner or occupancy object to the granting of your license? :

☐ Yes ☒ No

Explain objection:

* FEIN:

Wisconsin Seller's Permit Number:

Property Information

PROPERTY INFORMATION

(New and Transfer Applicants Only)

Do you own or lease the building?:

Own ▼

* Who owns the fixtures (for example, coolers, etc.)?:

Me

* Are you purchasing the stock and/or fixtures?:

☐ Yes ☐ No

If Yes \$ Amount paid for stock and or fixtures:

* Total amount paid for business:

Total amount paid for goodwill of the business: ?

Have you made arrangements with the seller for payment of personal property taxes?:

☐ Yes ☐ No

ro-
corpora-
poration,

You will need to attach certain documents to your application in order for it to be completely processed. For a Class B Tavern License, you need a Floor Plan. . If your business is an LLC or Corporation, you need to attach proof of DFI registration. You can use a photo of your articles of incorporation, or an image from the Wisconsin DFI Website with your registration information. To attach documents, select “Add”, and “Add” again in the pop-up window. Search your computer for the appropriate document(s) and select “Open”. Once uploaded, select “Continue”. Then, select the document type from the “Type” list, and add a brief description if application. Once complete, select “Save” before continuing the application.

Attachment

The maximum file size allowed is 100 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mht;mhtml;msc;msp;msc;php;pif;scr;scx;shb;sys;vb;vbe;vbs;vxd;wsc;wsf;
are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

File Upload

The maximum file size allowed is 100 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;n
are disallowed file types to upload.

Floor Plan.pdf

100%

DFI Registration.pdf

100%

ContinueAddRemove AllCancel

File Upload ×

The maximum file size allowed is 100 MB.

are disallowed file types to upload.

Floor Plan.pdf 100%

DFI Registration.pdf	100%
----------------------	------

Continue **Add** Remove All Cancel

*Type:
Plan - Floor Plan

File:
Floor Plan.pdf
100%

Description:

spell check

*Type:
DFI Registration

File:
DFI Registration.pdf
100%

Descriptions:

spell check

Save Add Remove All

REVIEW

In Step 5, you can review the entirety of the application. If you notice any incorrect information, you can simply select the “Edit” button next to that section and you will be taken to that portion of the application to make your edits.

Once you have reviewed the application and the information is accuracy, read the certification related to local ordinance and procedures, before checking the signature box and selecting continue application.

Step 5: Review

Save and resume later

Continue Application »

Please review all information below. Click the “Edit” buttons to make changes to sections or “Continue Application” to move on.

Record Type

Restaurant Food Dealer Business License Application

Business Entity

Edit

Test Restaurant Inc.
Test Restaurant
200 E Wells St
Milwaukee, WI, 53202

Business Phone: 414-555-5555
E-mail: testrest@gmail.com

Type of Ownership: Corporation
Occupancy Permit Select one from the List: has been obtained
Prior Name Information
No Custom Lists data for the sub group above.

Agent-Sole Proprietor-1st Partner

Edit

Individual
Sam Dawson
Birth Date: 12/04/1993
200 E Wells St
Milwaukee, WI, 53202
Business Owner Title: Owner
Percentage of Ownership: 100
Prior Name Information
No Custom Lists data for the sub group above.

E-mail: samueldawson@gmail.com
Driver's License/State ID # WDL123456789
Issuing State: WI

Additional Agent & Shareholders

Edit

Showing 0-0 of 0

Full Name	Business Name	Contact Type	Work Phone	Fax	E-mail	Action
No records found.						

Address

Edit

200 E WELLS ST
103
MILWAUKEE WI 532023510

Parcel

Edit

GRAPH NUMBER: 0072320001

17. Attach Documents

Edit

The maximum file size allowed is 100 MB.
ade;adp;bat;chm;cmd;com;cpl;exe;hta;htm;html;ins;isp;jar;js;jse;lib;lnk;mde;mhc;mhtml;msc;msp;msi;php;piif;scr;scs;shb;sys;vbe;vbs;vxd;wsc;wsf;
are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
DFI.pdf	DFI Registration	129.96 KB	07/10/2024	Actions ▼
Floor Plan.pdf	Plan - Floor Plan	129.96 KB	07/10/2024	Actions ▼

I/we understand that I am/we are required to inform the City Clerk within 10 days of changes in any of the information supplied in this application.
I/we have knowledge of the City Ordinances currently regulating the license applied for herein, and understand that the license may be subject to suspension, non-renewal or revocation, if I/we violate any rule or regulation relating to this license.
I/we understand that I/we shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a

☒ By checking this box, I agree to the above certification.

Date: 07/10/2024

Save and resume later

Continue Application »

SUPPLEMENTAL/RELATED APPLICATIONS

If you have any supplemental license applications to complete, you will be prompted to do so at this point. Select “Open” next to the application you wish to enter.

Record is in the process of being submitted. You must fill out an associated supplemental for each item before this record can be submitted.

1	2	3	4 Documentation	5 Review	6 Associated Forms	7 Pay Fees	8 Record Issuance
---	---	---	-----------------	----------	--------------------	------------	-------------------

Step 6: Associated Forms

Associated Supplemental

Listed below are the items added to this record. You must fill out an associated supplemental for each item before this record can be submitted.

Added Items:

Public Entertainment Premises Business License Supplemental

[Open](#)

[Remove](#)

[Continue to Payment »](#)

[Save and resume later](#)

Once the supplemental application is completed, you will be returned to the Associated Forms page, when you will be prompted to “Continue to Payment”.

PAY FEES

In Step 7, you will be presented with the fees due at the time of application submission. Review the fees. If correct, select “Check Out”. If incorrect, review your application for any errors. If you are not ready to submit your application at this time, select “Defer Payment”.

1	2	3	4 Documentation	5 Review	6 Associated Forms	7 Pay Fees	8 Record Issuance
---	---	---	-----------------	----------	--------------------	------------	-------------------

Step 7: Pay Fees

Listed below are the preliminary fees based upon the information you've entered. The following screen will display your total fees.

Application/Renewal Fees

Fees	Qty.	Amount
Restaurant Food Dealer Business License Application		\$300.00
Business License Food Dealer Application Fee	1	\$300.00

Recalculate

TOTAL FEES: \$300.00

Note: This does not include additional fees which may be assessed later.

Listed below are conditions that will be applied once you submit your application. Note that these conditions must be resolved or met before your can get approval from the agency.

Conditions of Approval

Showing 1-1 of 1 | [Download results](#)

Restaurant Food Dealer Business License Application
Business Licensing - 1 Pending
Business Licensing
DFI Registration
Corporations require confirmation of the DFI Registration.

Check Out »

Continue Shopping »

Defer Payment »

You will be forwarded to your shopping Cart. Review the Cart contents. Once it is accurate, select “Checkout”. You will be forwarded to a payment page where you can enter your credit card or bank account information to process the payment. Once your information is entered, select “Submit Payment”.

Cart

1 Select item to pay	2 Payment information	3 Receipt/Record Issuance
----------------------	-----------------------	---------------------------

Step 1: Select item to pay

Click on the arrow in front of a row to display additional information. Items can be saved for a future checkout by clicking on the Save for later link.

Note: Application Payment Receipt is not a valid Permit

PAY NOW

200 E WELLS ST, 103, MILWAUKEE WI 532023510

2 Application(s) | \$300.00

▶ Restaurant Food Dealer Business License Application	Total due: \$300.00
24TMP-000429	
Public Entertainment Premises Business License Supplemental	Total due: \$0.00
24TMP-000431	

Total amount to be paid: \$300.00

Note: This does not include additional inspection fees which may be assessed later.

Checkout »

Edit Cart »

Continue Shopping »

RECEIPT/RECORD ISSUANCE

After your payment has been properly submitted, you will be issued records for your primary and supplemental applications and a receipt.

You can review your application records at any time by selecting “My Records” from the tool bar and selecting the appropriate application record from your list of licenses.

- 1 Select item to pay
- 2 Payment information
- 3 Receipt/Record issuance

Step 3: Receipt/Record issuance

Receipt



Your application(s) has been successfully submitted. Please print your record(s) and retain a copy for your records.
Note: Payment Receipt is not a valid Permit.

To view related records, click on the record number highlighted below and then click Record Info dropdown and select Related Records to view. Note that for Parking Meter Hood records, these will be reviewed prior to Issuance.

200 E WELLS ST, 103, MILWAUKEE WI 532023510

FREST-A24-00006



A notice was added to this record on 07/10/2024.
Condition: DFI Registration Severity: Notice
Total Conditions: 2 (Notice: 2)

[View additional details](#)

PEP-A24-00008

- Home
- Building
- Development
- Enforcement
- Licenses
- Public Works
- more ▾

- Dashboard
- My Records**
- My Account
- Advanced Search ▾

▼ Licenses

Showing 1-20 of 47 | [Download results](#) | [Add to collection](#) | [Add to cart](#) | [Copy Record](#)

☐	Date	Record Number	Record Type	License Name	Expiration Date	Status	Action
☐	07/10/2024	FREST-A24-00006	Restaurant Food Dealer Business License Application			Open	
☐	07/10/2024	PEP-A24-00008	Public Entertainment Premises Business License Supplemental			Open	

REVIEWING YOUR RECORD

Once your application is submitted and the application fees are paid, you can check on the status of your record. If there are additional needs in order to proceed towards issuance. You can do things like pay additional fees after your health inspection, upload additional attachments, and see where your application is in the review process.

Record FREST-A24-00006:
Restaurant Food Dealer Business License Application
Record Status: Open

[Add to cart](#)
[Add to collection](#)
[Post](#)

Record Info ▾ Payments ▾ Conditions 2

Record Details
Processing Status
Related Records
Attachments
Inspections

Added to this record on 07/10/2024.
DFI Registration Severity: Notice
Conditions: 2 (Notice: 2)

Approval

Search...

[Hide Those Met](#)

T-A24-00006:
Food Dealer Business License Application
Status: Open

[Add to cart](#)
[Add to collection](#)
[Post](#)

Payments ▾ Conditions 2

ice was added to this record on 07/10/2024.
DFI Registration Severity: Notice
Conditions: 2 (Notice: 2)

[View Condition](#)

Fees

Outstanding:

Date	Invoice Number	Amount
07/10/2024	1358541	\$800.00
Total outstanding fees: \$800.00		

[Pay Fees](#)

Paid:

Date	Invoice Number	Amount
07/10/2024	1358540	\$300.00
Total paid fees: \$300.00		

LICENSE ISSUANCE

Home Building Development Enforcement Licenses Public Works more ▾

Dashboard **My Records** My Account Advanced Search ▾

▼ Licenses

Showing 1-20 of 47 | [Download results](#) | [Add to collection](#) | [Add to cart](#) | [Copy Record](#)

☐	Date	Record Number	Record Type	License Name	Expiration Date	Status	Action
☐	07/10/2024	FREST-00008	Restaurant Food Dealer Business License		07/10/2025	Active	Amendment

Record FREST-00008:
Restaurant Food Dealer Business License

[Add to cart](#)
[Add to collection](#)

Record Status: Active
Expiration Date: 07/10/2025

Record Info ▾ Payments ▾

Record Details

▼ More Details

- ☐ Related Contacts
- ☐ Application Information
- ☐ Application Information Table
- ☐ Parcel Information

[Create Amendment](#)

Once your license has been issued, you can review it the same way you reviewed the application, by selecting “My Records” on the tool bar and then selecting the appropriate license from your license list. In the License Record, you can see information from your application, as well as the status and expiration date. This is also where you can go to submit an amendment to your license, such as a change in the plan of operation.

State Forms: DOCUSIGN

Alcohol beverage establishments are required to submit several state forms. Once your Class B Tavern License Application is submitted, you will receive an email instructing you to complete the state forms on Docusign.

- **AB-200, Alcohol Beverage License Application:** completed by Officer, Sole Proprietor, General Partners, LLC Member
- **AB-100, Alcohol Beverage Individual Questionnaire:** completed by sole pro-prietor OR all partners of a partnership OR all officers, director, and agent of a corporation or nonprofit organization OR members and agent of a limited liability company.
- **AB-101, Alcohol Beverage Appointment of Agent:** completed by the agent for an LLC or Corporation.

The remainder of this guide reviews how to complete the state forms.

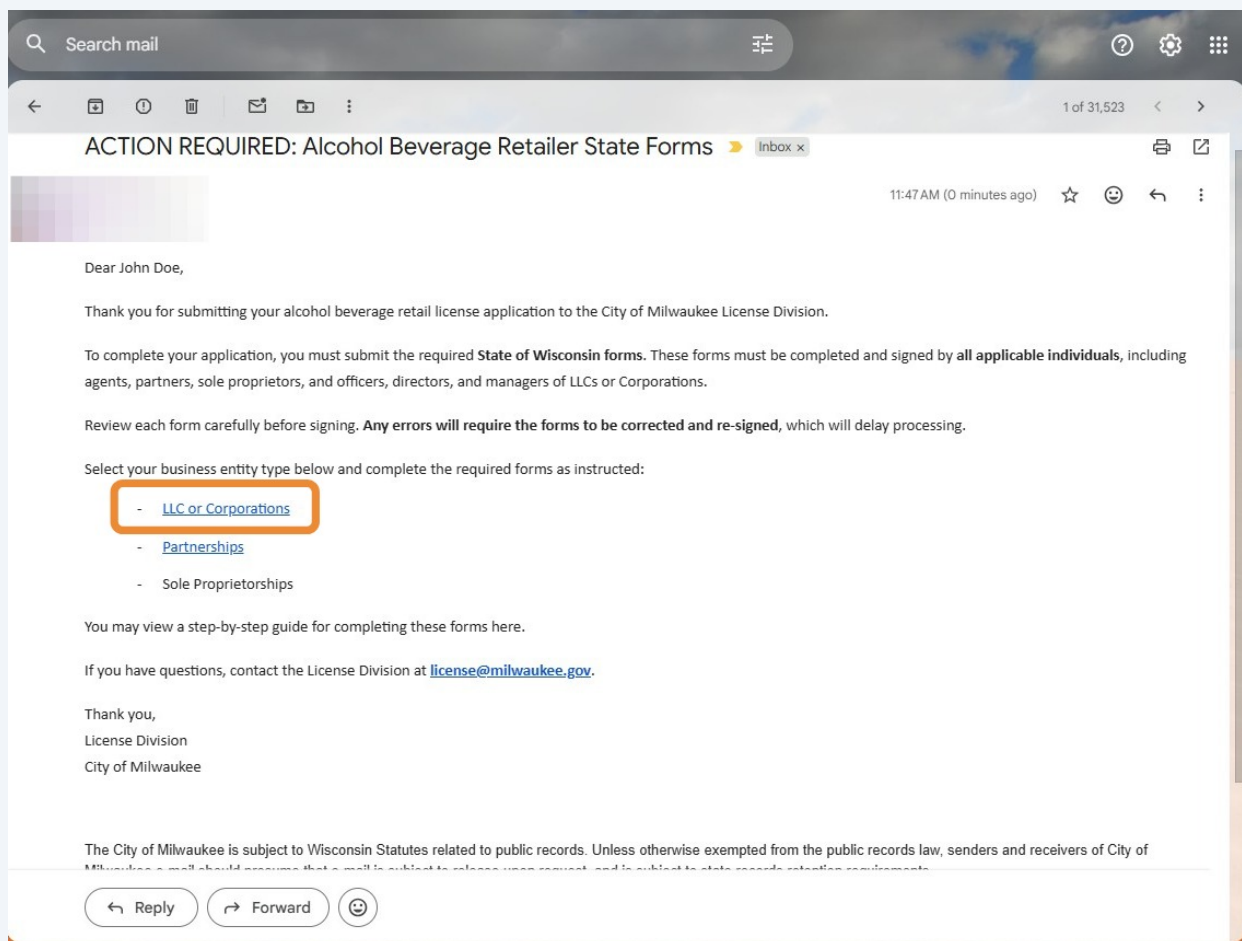
Completing State Alcohol Beverage Retail Forms

In addition to submitting your City of Milwaukee Alcohol Beverage Retail License Application, you must also submit State of Wisconsin forms. These forms are required for your application to be considered complete.

After completing your application at www.milwaukee.gov/lms, you will receive a confirmation email directing you to the appropriate State of Wisconsin forms.

1 Access the State Forms:

Click the link in your confirmation email that corresponds to your business type (for example LLC or Corporation) to open the state forms.



2 Enter Premises Address Information:

Once in the form, enter the Premises Address into the "Your Name" field (used to identify your application).

Enter the email address for the business (or agent, partner, sole proprietor) in the "Your Email" field.

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Enter the Premises Address into the "Your Name" field

Your Name: *

200 E Wells St

Your Email: *

Please provide information for any other signers needed for this document.

3 Enter Primary Signatory information:

In the Agent (or First Partner, or Sole Proprietor) section, enter the agent's name and email address.

The screenshot shows a web form with a light gray background. The form is divided into two main sections. The top section is titled "Enter the Premises Address into the 'Name' field" in bold. Below this title, there are two input fields. The first is labeled "Your Name: *" and contains the text "200 E Wells St.". The second is labeled "Your Email: *" and contains the text "samueltdawson@gmail.com". Below these fields, there is a line of text: "Please provide information for any other signers needed for this document." The bottom section is titled "Agent" in bold. Below this title, there are two input fields. The first is labeled "Name:" and contains the text "John Doe". The second is labeled "Email:" and contains the text "samueltdawson@gmail.com". Below these fields, there is a section titled "Officer/Director/Manager/Member 1" in bold, followed by a "Name:" label and an empty input field. The form is framed by a light blue border.

Enter the Premises Address into the "Name" field

Your Name: *

200 E Wells St.

Your Email: *

samueltdawson@gmail.com

Please provide information for any other signers needed for this document.

Agent

Name:

John Doe

Email:

samueltdawson@gmail.com

Officer/Director/Manager/Member 1

Name:

4 Add Additional Signatories:

Enter the names and emails of other required signatories, such as officers, directors, managers, members, or partners. If there are more than 4 individuals who need to sign the forms, add their information to the auxiliary signatory list. See step 16 for more information.

Agents

Name:

Email:

Officer/Director/Manager/Member 1

Name:

Email:

Officer/Director/Manager/Member 2

Name:

Email:

5 Begin Signing:

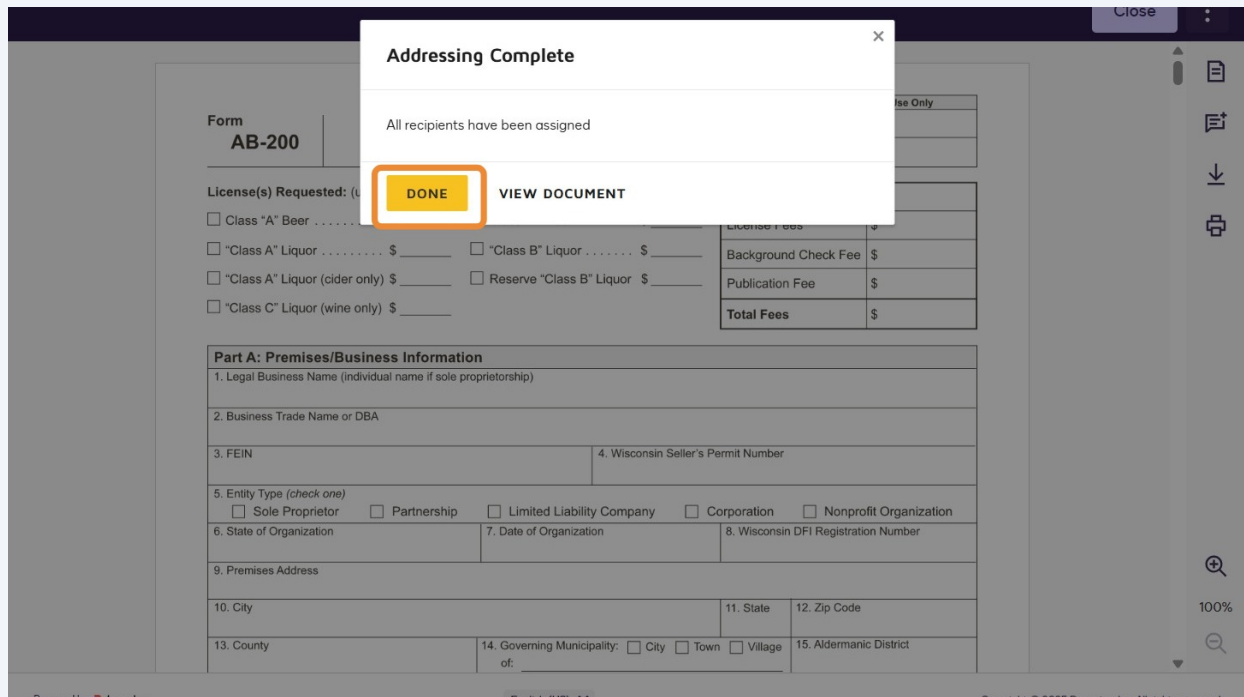
Once all signatories are assigned, click "Begin Signing".

6 Accept the Disclosure:

Check the disclosure box and click continue.

7 Send the Form for Signing:

Click "Done". This will send the form to the Agent, Sole Proprietor, or First partner to begin signing.



The screenshot shows a web application interface. A modal dialog box titled "Addressing Complete" is centered on the screen. It contains the text "All recipients have been assigned" and two buttons: "DONE" (highlighted with an orange border) and "VIEW DOCUMENT". The background is a form titled "Form AB-200". The form has sections for "License(s) Requested:", "License Fees", and "Part A: Premises/Business Information". The "Part A" section includes fields for legal business name, trade name, FEIN, permit number, entity type, state, date of organization, DFI registration number, premises address, city, state, zip code, county, governing municipality, and aldermanic district.

8 When it is your turn to sign the form, check your email inbox for a message with the subject line "SIGN: Alcohol Beverage Retailer | [Premises Address]".

Open the email.



9

Read the message and click "Review Documents".



Sam Dawson sent you a document to review and sign.

REVIEW DOCUMENTS

Sam Dawson

sam.dawson@milwaukee.gov

You have been listed as an agent for the business located at the Premises Address listed in the subject of this email. Please complete the AB-200, AB-100, and AB-101.

If there are more than 3 additional officers, managers, directors, or members who need to sign an AB-101, please add their names to the Auxiliary List. The License Division will contact any additional signatories to complete an AB-101.

10 Click "Continue"

docuSign

Review and continue

Message from Sam Dawson, City of Milwaukee

You have been listed as an agent for the business located at the Premises Address listed in the subject of this email. Please complete the AB-200, AB-100, and AB-101.

If there are more than 3 additional officers, managers, directors, or members who need to sign an AB-101, please add their names to the Auxiliary List. The License Division will contact any additional signatories to complete an AB-101.

Change Language - English (US) ▾

Other Options ▾ **Continue**

11 Complete Form AB-200

Check the box for the type of license(es) requested.

Form AB-200 Alcohol Beverage License Application

For Municipal Use Only
Municipality: _____
License Period: _____

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

☐ Class "A" Beer	\$	☐ Optional - Class B Beer Liquor
☐ "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: **Milwaukee**

11. State: **WI**

12. Zip Code: _____

13. County: **Milwaukee**

14. Governing Municipality: ☐ City ☐ Town ☐ Village of: **Milwaukee**

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 needed.

20. Mailing Address (if different from premises address) _____

21. City: _____

22. State: _____

23. Zip Code: _____

The premises description must match what was entered in the premises description on the City of Milwaukee application.

12 Complete Part A: Premises/Business Information:

Enter all required fields.

NOTE: The premises description **must** match the premises description entered on your City of Milwaukee application.

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Test Business LLC			
2. Business Trade Name or DBA Test Business			
3. FEIN FEIN123		4. Wisconsin Seller's Permit Number WSP123	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 01/01/2000	
8. Wisconsin DFI Registration Number DFI123			
9. Premises Address 200 E Wells St.			
10. City Milwaukee		11. State WI	12. Zip Code 53202
13. County Milwaukee		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Milwaukee	
15. Aldermanic District 4			
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. First floor, basement storage.			
20. Mailing Address (if different from premises address) 			
21. City 		22. State 	23. Zip Code

The premises description must match what was entered in the premises description on the City of Milwaukee application.

13

Complete Part B: Questions

NOTE: If you answer "Yes" to questions 1-4, you must complete the follow-up questions.

Next

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	Total Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

AB-200 (N 03-24) - 1 - Wisconsin Department of Revenue

ABL_App.pdf

1 of 2

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

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant an online or restricted investor with any interest in an alcohol business, 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

14 Complete Part C: Individual Information

Enter the names, titles, and phone numbers for the required persons, including:

1. Agent
2. Partners
3. Sole Proprietor
4. Directors, Managers, Officers, or Members (for LLCs or Corporations).

If there are more than 4 persons who need to sign for your business entity, add their information in the auxiliary questionnaire list (see step 16).

Next

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
Doe	John	Agent	Optional 123-4567
Doe	Jane	Director	(414) 123-4567

Part D: Signature

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. _____
Doe John
Title _____ Email _____ Phone _____
Agent (414) 123-4567
Signature Date 12/29/2025

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)	

AB-200 (N) (03-24) - 2 -

15 Review and Sign AB-200

Review the form for completion and accuracy. When ready, click the "Signature" button to sign.

Next

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
Doe	John	Agent	(414) 123-4567
Doe	Jane	Director	(414) 123-4567
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.	
Doe	John		
Title	Email		Phone
Agent	Required - Sign Here - Sign Here		(414) 123-4567
Signature	Date		
	12/29/2025		
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)	

AB-200 (N 03-24)
 - 2 -

16

If the business requires more than 4 signatories, add the names, titles, and phone numbers of the additional signatories on the Auxiliary AB-100 list.

Review and complete

Next

Finish

Please enter the names, titles, and phone numbers for additional officers who need to complete Alcohol Beverage Individual Questionnaires (AB-100). Only enter information on this form if the business entity has more than three officers or partners in addition to the Agent or First Partner.

[illegible]

17

In Part A: Business Information, select the entity type.

Form
AB-100

Alcohol Beverage Individual Questionnaire

Required

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)

Test Business LLC

2. Business Trade Name or DBA

2. Business Trade Name or DBA	Test Business LLC
-------------------------------	-------------------

3. Entity Type (check one)

3. Entity Type (check one) ☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

Part B: Individual Information		
1. Last Name	2. First Name	3. M.I.

1. Last Name	2. First Name	3. M.I.
Doe	John	

Doe		John	
4. Relationship to Business (Title)	5. Email	6. Phone	

4. Relationship to Business (Title)	5. Email	6. Phone
Agent		

Agent		
7 Home Address		

7. Home Address	
-----------------	--

3. City	4. State	40. Zip Code	44. Date of Birth
---------	----------	--------------	-------------------

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

Part C: Address History	
1. Do you currently reside in Wisconsin?	☐ Yes ☐ No

1. Do you currently reside in Wisconsin? ☐ Yes ☐

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . .

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . .		
---	--	--

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
--------------------	------	-------	----------

1. PROBLEM STATEMENT _____	City _____	State _____	Zip _____
---	-------------------	--------------------	------------------

Previous Address 2	City	State	Zip Code
--------------------	------	-------	----------

Previous Address 2 City State Zip Code

Previous Address 3	City	State	Zip Code

Previous Address 3	City	State	Zip Code

Residence Address 1	City	State	Zip Code

18 Complete Part B: Individual information

Complete all required fields.

Form AB-100	Alcohol Beverage Individual Questionnaire	Date 12/25/2025
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) Test Business LLC		
2. Business Trade Name or DBA Test Business LLC		
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
Part B: Individual Information		
1. Last Name Doe	2. First Name John	3. M.I.
4. Relationship to Business (Title) Agent	5. Email 	6. Phone
7. Home Address 123 My Street		
8. City Milwaukee	9. State WI	10. Zip Code 53202
11. Date of Birth 01/01/1990		
12. Drivers License/State ID Number WDL123456789		13. Drivers License/State ID State of Issuance Wisconsin

19 Complete Part C: Address History

List all addresses where you have resided within the last five years, and all states and counties where you have lived in as an adult.

MUL123456789		WISCONSIN	
--------------	--	-----------	--

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . .

Years	Months
35.00	11.00

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
789 My Old Street	Milwaukee	WI	53,202.00
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all ~~states and~~ ^{Required} counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Milwaukee						
State	County	State	County	State	County	State	County

Continued →

AB-100 (N. 03-24)
- 1 -
Wisconsin Department of Revenue

20 Complete Part D: Criminal History

If you have been convicted of any offense, provide the following information:

- Law or ordinance violated
- Location of the violation
- Date of conviction
- Penalty imposed
- Whether the sentence was completed.

You must also disclose any pending charges.

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	
Operating while Intoxicated	Milwaukee, WI	12/01/2022	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	
Fine and probation			
Law/Ordinance Violated	Location	Conviction Date	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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.			

21 Complete Part E: Attestation

Review the AB-100 form for accuracy. Read the attestation and click "Sign" to complete the form.

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.	
Signature	Date
	12/29/2025

22 Complete Form AB-101 (Appointment of Agent)

Select the Agent Type (original or successor).

Complete Part A: Business Information.

If the agent is a successor agent, complete questions 5 and 6.

Form AB-101	Alcohol Beverage Appointment of Agent	Date 12/25/2025
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) Test Business LLC		
2. Business Trade Name or DBA Test Business		
3. Entity Type (check one)		
☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
4. Alcohol Beverage Business Authorization (check one)		5. If successor agent, provide State Permit or Municipal Retail License Number
☒ Municipal Retail License ☐ State Permit		
6. Describe the reason for appointing a successor agent, if successor is checked above.		

23 Complete Part B: Agent Information

Enter all required information.

Part B: Agent Information			
1. Last Name Doe	2. First Name John	3. M.I. 	
4. Email 		5. Phone (414) 123-4567	
6. Home Address 123 My Street			
7. City Milwaukee	8. State WI	9. Zip Code 53202	10. Age 35
11. Drivers License/State ID Number WDL123456789		12. Drivers License/State ID State of Issuance Wisconsin	

24 Complete Part C: Agent Questions

Answer all questions.

NOTE: Click "Yes" in question 2 - before proceeding to the AB-101 you complete the AB-100 (Steps 18-21).

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	☒ Yes ☐ No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	☒ Yes ☐ No

Continued →

25 Part D: Business Attestation & Part E: Agent Attestation

Review Form AB-101 for completion and accuracy. Once reviewed, review the disclaimer and click the "Sign" button in Part D: Business Attestation and Part E: Agent Attestation

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.	
Doe	John		
Title	Email	Phone	
Agent		(414) 123-4567	
Signature	Date		
	12/29/2025		

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.	
Doe	John		
Signature	Date		
	12/29/2025		

26 Once your forms are complete, click the blue "Finish" button. This will send the form to the next signer, or if there are no more signers, it will notify the License Division.

Next

AB-101 (N 03-24)

- 2 -

ABL_IQ 4.pdf2 of 2

Finish

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27 Click "Download" to save a copy of the forms.

The screenshot shows a document signing interface. A white overlay box is centered on the screen, displaying a download icon and the text "Your document has been signed". Below this, it says "Select **Download** to save this document to your device or **Print** for a paper copy." The overlay contains three buttons: "DOWNLOAD" (highlighted with an orange border), "PRINT", and "CLOSE".

Below the overlay, the document content is visible. It includes a section titled "Part E: Attestation" with a warning: "READ CAREFULLY BEFORE SIGNING. I certify that I am a member of the beverage industry as a representative of the alcohol industry. 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." There are fields for "Signature" and "Date".

At the bottom of the document, there is a footer with "AB-100 (N 03-24)" and "- 2 -". A "Next" button is on the left, and a "Finish" button is at the bottom center. The file name "ABL_IQ_4.pdf" and page number "2 of 2" are also visible.