



## ALCOHOL BEVERAGE ESTABLISHMENT CHANGE OF AGENT AND/OR SHAREHOLDER INFORMATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

### Required Forms

#### Change of Agent

- Transfer Application (ccl-transfer1)
- Schedule for Successor of Agent (AT-107a)
- Addendum to Original Alcohol License Application (ccl-alc1)
- Auxiliary Questionnaire – Alcohol Beverage License Application (AT-103a)

**If there are changes to the plan of operation, submit a new:**

- Business Plan of Operation (ccl-busplan)

#### Change of Shareholders

- Original Alcohol Beverage License Application (AT-106)
- Transfer Application (ccl-transfer1)
- Auxiliary Questionnaire – Alcohol Beverage License Application (AT-103a) (for each new shareholder)

### Fee

- Change of Agent: \$25 due with application
- Change of Shareholders: No Fee

### Requirements

#### Age

- Applicants must have attained the age of 21.

#### Fingerprinting

- New persons whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to:  
Police Administration Building  
951 N. James Lovell Street (7th St),  
Room 330  
8:00 AM to 6:00 PM  
(Monday thru Friday, excluding holidays)
- If you have previously been fingerprinted by the Milwaukee Police Department, call (414) 935-7281 to determine whether your fingerprints are still on file. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

### Additional Requirements – Agent

#### Residency

- The agent must have been a resident of the state of Wisconsin continuously for at least 90 days prior to the date of application.

#### Interview/Proof of Residency

- After fingerprinting, the new agent will be contacted by the Milwaukee Police Department-License Investigation Unit for a telephone interview and to provide proof of residency.

#### Responsible Beverage Server Course

- All new agents must submit proof that they completed a Responsible Beverage Server Course or held an Alcohol Beverage license in Wisconsin within the past 2 years.

For courses offered by the Milwaukee Area Technical College, call (414) 302-2618.

A list of approved online courses can be found on the Wisconsin Department of Revenue's website at <http://www.revenue.wi.gov/training/alcSellerServer.html>.

Before a license can be issued, applicants must submit a certificate or diploma that indicates the course complies with Wisconsin Statutes or provide a copy of license issued in Wisconsin within the past 2 years.

### Granting/Issuance of Licenses

If there are no objections and/or police items on record, the license will be granted by the Common Council.

If there are objections and/or police items on record, you may receive a notice in the mail to appear before the Licenses Committee. If the committee recommends approval, the license will then be granted by the Common Council.

After being granted, the license will be issued provided all requirements are met and the Department of Revenue and/or any wholesalers do not have holds on the issuance of the license.



## BUSINESS TRANSFER INSTRUCTIONS

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 [license@milwaukee.gov](mailto:license@milwaukee.gov) [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

ccl-transfer 2/24/20

### Fee

\$25; no fee if transferring stock only

- Check payable to the City of Milwaukee.
- Credit card online after your application is processed and an invoice is created. An invoice number is needed to make an online payment.
- Cash in person only.

### Forms needed

- Business Transfer Application
- If change of location – Supplemental Application required for each license type
- Plan of Operation & Floor Plan if requesting any changes (required for all changes of location)
- Alcohol Establishments:
  - Change of agent or shareholder applicants – see Alcohol Change of Agent/Owner form for additional requirements
  - For all other changes, contact our office for required forms. Changes of location also require an appointment

### Requirements

#### Change of Location

A new occupancy permit is required.  
Contact: Development Center, Permit Desk,  
809 N. Broadway, 1st floor  
(414)286-8211  
<http://city.milwaukee.gov/build>

#### Change of Agent/20% or more owner

Fingerprints are required for the following:  
Alcohol Establishments, Food Peddlers, Hotel/Motel, Home Improvement Contractor, Rooming House, Public Entertainment Premises, Recycling/Salvaging/Towing Massage Establishment, Secondhand Dealer

If your fingerprints are not on file with the Milwaukee Police Department report to:

Police Administration Building  
951 N. James Lovell Street (7th St) Room 330  
8:00 AM to 6:00 PM  
(Monday thru Friday, excluding holidays)

If you have previously been fingerprinted by the Milwaukee Police Department, call (414) 935-7281 to determine whether your fingerprints are still on file. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

### Reorganization of Legal Entity

A legal entity reorganizing under a different type of entity or as a different name may qualify for a transfer. At least one owner must remain as an owner. The business must remain in the same location

A new occupancy permit is required.  
Contact: Development Center, Permit Desk,  
809 N. Broadway, 1st floor  
(414)286-8211  
<http://city.milwaukee.gov/build>

Proof of registration of the new legal entity with the WI Department of Financial Institutions (DFI) is required.  
Contact: DFI Division of Corporate & Consumer Services  
(608) 261-7577  
[www.wdfi.org/](http://www.wdfi.org/)

A new Wisconsin Seller's Permit is required.  
Contact: WI Department of Revenue  
819 N. 6th St, Room 408  
(414) 227-4000  
[www.dor.state.wi.us/](http://www.dor.state.wi.us/)

Wisconsin Seller's Permit Exemptions:  
Home Improvement Contractors, Hotel/Motel, Loading Zones, Massage Establishments, Private Alarm, Private Waste Collector, Public Passenger Vehicle Owners, Rooming Houses, Self Service Laundry, Snow Plow, Tattoo & Body Piercing, and Recycling, Salvaging & Towing (for repossessions only or if dealing, storing, transporting, removing and/or recycling in junk and/or valuable metal only)

### Approval

Most licenses require approval from the Licenses Committee. If you need to appear at the Licenses Committee meeting, you will receive a notice in the mail.

Licenses are then granted by the Common Council after recommendation of the Licenses Committee. Allow 6-8 weeks for processing. There are no meetings in August.

After all requirements are met, the license will be issued. Post the license in a clearly visible place at your business.



**SECTION 7 PLAN OF OPERATION & FLOOR PLAN**

Are you requesting changes to the current plan of operation or floor plan?

Yes If Yes, you must submit a new Plan of Operation and Floor Plan. Required for all changes of location.

No

**SECTION 8 SIGNATURE(S)**

I/we understand that I am/we are required to inform the City Clerk within 10 days of any substantial 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 condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I/we certify that I am/we are the applicant and all statements are true and correct.

-----  
Signature of Agent or 20%+ Owner

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20\_\_\_\_; ending \_\_\_\_\_ 20\_\_\_\_

TO THE GOVERNING BODY of the:  Town of } \_\_\_\_\_  
 Village of }  
 City of }

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

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE		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>		\$	

1. The named  Individual  Partnership  Limited Liability Company  
 Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. 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 name, title, and place of residence of each person.

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

3. Trade Name ▶ \_\_\_\_\_ Business Phone Number \_\_\_\_\_

4. Address of Premises ▶ \_\_\_\_\_ Post Office & Zip Code ▶ \_\_\_\_\_

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? .....  Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? .....  Yes  No
8. (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? .....  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? .....  Yes  No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) \_\_\_\_\_

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

11. (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? \_\_\_\_\_

12. 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

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. .....  Yes  No

14. 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.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## 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 Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

\_\_\_\_\_ Wisconsin \_\_\_\_\_ 20 \_\_\_\_  
(Municipality) (Date)

1. Name of agent \_\_\_\_\_

**Yes No**

2.   Are you of legal drinking age?
3.   Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?
4.   Have you ever been convicted of a federal law violation?
5.   Have you ever been convicted of a state law violation?
6.   Have you ever been convicted of a local ordinance violation?
7.   Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.?

**UNDER PENALTY OF LAW**, I declare that all of the above information is true and correct to the best of my knowledge and belief.

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

\_\_\_\_\_  
(Signature of Agent)

\_\_\_\_\_  
(Address)

## SUCCESSOR AGENT

The undersigned appoints \_\_\_\_\_ as agent  
in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_

By \_\_\_\_\_  
(Signature of Officer / Member)

I hereby accept appointment as agent for \_\_\_\_\_ and assume  
full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE.  
(See sec. 125.04(6), Wis. Stats.)

\_\_\_\_\_ WI \_\_\_\_\_ 20 \_\_\_\_  
(Municipality) (Date)

\_\_\_\_\_  
(Signature of Official)

\_\_\_\_\_  
(Title)





## ADDENDUM TO ORIGINAL ALCOHOL BEVERAGE ESTABLISHMENT LICENSE APPLICATION

City Clerk - License Division  
City Hall, 200 E. Wells St., Room 105  
Milwaukee, WI 53202  
(414) 286-2238 [license@milwaukee.gov](mailto:license@milwaukee.gov)

To be completed by the individual, all partners, or the agent of a corporation/limited liability company:

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

You do not need to take the course if you answer "yes" to one of the following questions and provide proof of such:

1. Within the last 2 years have you held a bartender's license in the state of Wisconsin?  Yes  No
2. Within the last 2 years have you held a Class "A" or Class "B" alcohol beverage license, or a Class "B" manager's license in the state of Wisconsin?  Yes  No
3. Within the last 2 years have you completed a Responsible Beverage Server Training Course in the state of Wisconsin?  Yes  No

**IF YOU ANSWERED NO TO ALL OF THE ABOVE QUESTIONS, PROOF OF COURSE COMPLETION MUST BE PROVIDED BY SUBMITTING YOUR COURSE CERTIFICATE TO THE LICENSE DIVISION.**

For course enrollment information, contact MATC at (414) 297-8370 or for similar approved courses see "Training" on the Wisconsin Department of Revenue's website at [www.dor.state.wi.us](http://www.dor.state.wi.us).

**I understand that a license will not be issued without a copy of the course certificate or proof of the license held within the last two years being submitted to the License Division.**

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Print Name of Individual/Partner/Agent

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Signature of Individual/Partner/Agent

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Office Use Only

Initials \_\_\_\_\_ Date Filed \_\_\_\_\_ Application # \_\_\_\_\_



## BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 3/15/18

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 www.milwaukee.gov/license e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

### 1. Type of Business

Applying for:  Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required)

Provide a detailed description of the type of business you plan on operating:

Do you have any experience operating this type of business?  No  Yes If yes, explain:

### 2. Business Operations

- Proposed Opening Date: \_\_\_\_\_
- Is this premise under construction?  No  Yes If yes, list estimated completion date: \_\_\_\_\_
- Is this a franchise?  No  Yes
- Is this premises currently licensed?  No  Yes If yes, list type of license: \_\_\_\_\_
- Is the current licensee operating?  No  Yes If no, list date closed: \_\_\_\_\_
- Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- Are other businesses operating in the same building?  No  Yes If yes, describe: \_\_\_\_\_

### 3. Litter & Noise

- How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- Will a sound amplification system be used?  No  Yes If yes, describe: \_\_\_\_\_

### 4. Smoking & Sanitation

- Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- Number of Garbage Cans: Inside: \_\_\_\_\_ Locations: \_\_\_\_\_  
Outside: \_\_\_\_\_ Locations: \_\_\_\_\_
- Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- How many restrooms are on the premises? \_\_\_\_\_
- Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? \_\_\_\_\_ and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have security personnel on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Is security equipment used?  No  Yes If yes, describe \_\_\_\_\_  
 List their licensing, certification, or training credentials \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? \_\_\_\_\_ and list locations: \_\_\_\_\_
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe \_\_\_\_\_

## 6. Percentage of Sales (must total 100%)

Alcohol _____%	Food _____%	Secondhand Merchandise _____%	Precious Metals & Gems _____%
Entertainment _____%	Cigarettes _____%		
Pawnbroker Activity _____%	Salvaged Materials _____% (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) _____%	Other _____% Describe: _____

## 7. Businesses/Licenses on the Premises (check all that apply):

### Type 1

- Full Service Restaurant       Cafe/Coffee Shop       Deli or Fast Food Restaurant       Private/Fraternal/Veterans Club
- Night Club       Tavern       Cocktail Lounge       Teen Club
- Banquet Hall       Sports Facility       Bowling Alley
- Hotel/Motel : Number of Floors: \_\_\_\_\_       Rooming House: Number of Floors: \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_      Number of Rooms: \_\_\_\_\_

### Type 2

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

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit     Cigarette & Tobacco     Gas Station     Extended Hours     Class "B" Tavern     Weights & Measures
- Secondhand Dealer     Precious Metal & Gem     Other: \_\_\_\_\_

## 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 9. Premises Description

- a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  
 1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop  
 Other: Describe: \_\_\_\_\_
- b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_
- c. Nearest Major Cross Street: \_\_\_\_\_
- d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_
- e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories \_\_\_\_\_  Other: \_\_\_\_\_
- f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_
- g. Building Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Business Owner Address: \_\_\_\_\_

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
 Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

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

## 11. Signature(s)

\_\_\_\_\_  
 Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
 (If there are no 20% or more shareholders,  
 Corporate Officer-print name/title and sign)

\_\_\_\_\_  
 Signature of additional partner or 20% or more shareholder

See Application Information for a complete list of all required application forms.