Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)			(middle name)		
Home Address (street/route)	Post Office		City		State	Zip Code	
Home Phone Number	Ag		Date of Birth		Place of	ace of Birth	
The above named individual provides the factor of a partnership which is represented which is making application for an alcohologous the factor of a partnership which is represented by the factor of the above named individual provides the factor of the f	nse as an individual making application for of of gent) ohol beverage licens following information ed in Wisconsin prior	or an alco	phol beverage licer Name of Corporation, Limit censing authority: ate?	ISE. ed Liability Company	or Nonpro	fit Organization)	
Have you ever been convicted of any of violation of any federal laws, any Wisconor municipality? If yes, give law or ordinance violated, to status of charges pending. (If more room)	onsin laws, any laws rial court, trial date a	of any o nd penal	ther states or ordirty imposed, and/or	nances of any o		🗌 Yes	☐ No
 Are charges for any offenses presently for violation of any federal laws, any W municipality? If yes, describe status of charges pend Do you hold, are you making application or member/manager/ager beverage license or permit? If yes, identify. 	risconsin laws, any la	officer, dir	ner states or ordina rector or agent of a y holding or applyi	ances of any control of any control of any other	ounty or onprofit	Yes	□ No
5. Do you hold and/or are you an officer, of member/manager/agent of a limited liad brewery/winery permit or wholesale liquid lifyes, identify.	director, stockholder, bility company holdir	agent or ng or app rectifier	lying for a wholesa	erson or corpo ale beer permit of Wisconsin?		Yes	☐ No
6. Named individual must list in chronolog		<i>'</i>	S.	(Address	By City and	(County)	
Employer's Name	Employer's Address			Employed From		То	
Employer's Name	Employer's Address			Employed From		То	
READ CAREFULLY BEFORE SIGNING: been truthfully answered to the best of the application; that the applicant has read and correct. The undersigned further understar under penalty of state law, the applicant m tion. Any person who knowingly provides r	knowledge of the signal in the	gner. The nswer to o ssued co submitti	e signer agrees that each question, and ntrary to Chapter 1 ng false statement	at he/she is the that the answ 25 of the Wisc s and affidavits ay be required	e person ers in ea onsin St s in conr	named in the ch instance are atutes shall be nection with thi it not more tha	foregoing e true and void, and is applica-

AT-103 (R. 7-18) Wisconsin Department of Revenue