

**City of Portage Alcohol and Fermented Malt Beverage
Class B and C Application Supplemental Form**

1. Applicant Information:

Applicant Name: _____

Trade name of business: _____

Business address: _____

Business Telephone Number: _____

Business email: _____

This application is a:

- New application
- Renewal application

This application is for a:

- Class "B" (fermented malt beverage)
- Class "B" (intoxicating liquor)
- Class "C" (wine)

2. Business Plan

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

Describe your management experience.

Hours of Operation.

Number and type of employees expected to work at establishment.

Seating Capacity: _____

Anticipated opening date: _____
(new applicants only)

3. Explain your security plan, including presence and type of security surveillance, including recording and store of surveillance video.

4. Do you have a policy to train employees in the sale of alcohol? Yes No
If yes, how often is the policy review by the management and employees?

5. Explain your process for age verification of customers.

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

7. Premises Description

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

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

Describe area where alcohol beverages are to be sold/served/consumed and indicate on site plan:

If served in an outside area, include a complete description/location of that area and indicate on site plan:

8. Is there currently a license at this location (new applicants only)?

Yes No

If yes, what, if any, changes are being proposed?

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

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

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

If yes, please explain:

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

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

Percent gross receipts from food** _____

Percent gross receipts from other _____

**If gross receipts from food are over 50% will you be serving food following closing hours

If Yes, the following information must be included with the application

Financial Statements as prepared by an independent, 3rd party accountant, auditor or bookkeeper demonstrating that greater than 50% of the gross revenues for the prior 12 months were derived from the sale of food.

Security plan to lock up all alcohol (how alcohol will be secured and where alcohol will be stored.) Submit site plan

12. Who may we contact between 8:00am and 4:30pm regarding this license?

Contact person _____

Email address _____

Telephone number _____

13. The following must be included with the application:

a. New Application

Federal Identification Number

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

Wisconsin Department of Agriculture, Trade and Consumer Protection Certificate with expiration date (if applicable)

Articles of Incorporation (Corporation/LLC only)

Deed, Lease or Offer to Purchase Agreement

Form for surrender of previous license (if applicable)

Responsible Beverage Service Training Course Certificate

b. Renewal Application-attach or check no changes box

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

Wisconsin Department of Agriculture, Trade and Consumer Protection Certificate with expiration date (if applicable)

Federal Identification Number

no change from last application

Articles of Incorporation (Corporation/LLC only)

no change from last application

Deed, Lease or Offer to Purchase Agreement –
current year tax bill can be submitted in place of a deed

no change from last application

Form for surrender of previous license (if applicable)

Responsible Beverage Service Training Course Certificate –
submit only if change of agent

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

Signature

Date