TOWN OF CLEVELAND
JACKSON COUNTY, WISCONSIN

Alcohol Beverage, Cigarette/Tobacco, and Operator Licensing

Clerk Contact

Municipal Clerk	Kayla Lindgren, Municipal Clerk
Mail / Drop-Off	W13577 E Bramer Rd, Fairchild, WI 54741
Phone	
Email	clerk@townofcleveland.org

Filling Out Forms

- Complete all required forms before submitting the packet. **If applications are emailed, the forms must be in .pdf format. JPG or IMG forms cannot be processed and will not be accepted.**
- Include payment payable to Town of Cleveland. ***Applications are not processed until payment is received.***
- Include a copy of the Wisconsin Seller's Permit when required.
- 8. Wisconsin DFI Registration Number tration number where the application requests it.

- Use the same legal business name, trade name, premises address, and contact information across all forms.

*APPLICATIONS CANNOT BE PROCESSED IF ANY OF THE FOLLOWING HAPPEN:

- Forms are not filled out, completely.
- Payment has not been received, or payment arrangements have not been made with the Municipal Clerk.
- You did not submit a COPY of your State Seller's Permit.
- You didn't fill out box A-8 "Wisconsin DFI Registration Number" on either/both applications.

Town Licensing Fees

Fees shown below are from the Town of Cleveland fee schedule effective May 1, 2023 per Resolution 2023-01.

License / Permit	Town Fee
Class "A" Beer	$200.00
"Class A" Liquor	$300.00
Class "B" Beer	$100.00
"Class B" Liquor	$300.00
Temporary Class B	$10.00
Operator's License	$15.00
Cigarette License	$100.00

TOWN OF CLEVELAND
JACKSON COUNTY, WISCONSIN

How to Submit

Mail or Drop Off	Town of Cleveland Clerk Kayla Lindgren W13577 E Bramer Rd Fairchild, WI 54741
Email	clerk@townofcleveland.org
Phone	

- Submit completed forms and payment together when possible.
- If forms are emailed, arrange payment with the Clerk before the application is processed.
- Keep copies of all submitted forms and supporting documents for your records.

Alcohol Beverage License Checklist

Annual License Period	July 1, 2026 through June 30, 2027
Application Deadline	May 12, 2026
Town Board Meeting	June 9, 2026

☐ Completed AB-200 Alcohol Beverage License Application.
☐ Completed AB-100 Alcohol Beverage Individual Questionnaire for each required individual.
☐ Completed AB-101 Alcohol Beverage Appointment of Agent for corporations, LLCs, and nonprofit organizations when required. New agents are required to submit a responsible beverage server course certificate (taken within the past two years), or a copy of a current operator license held through another Wisconsin municipality.
☐ Copy of Wisconsin Seller's Permit.
☐ Wisconsin DFI registration number, where applicable.
☐ Premises description, floor plan, map, or diagram if needed to describe the licensed premises.
☐ Responsible beverage server course certificate or acceptable replacement documentation when required.
☐ Town license fee and any applicable publication/background check/pass-through costs.

Cigarette, Tobacco, and Electronic Vaping Device Retail License Checklist

Annual License Period	July 1, 2026 through June 30, 2027
Application Deadline	May 12, 2026
Town Fee	$100.00

☐ Completed CTV-100 Cigarette, Tobacco, and Electronic Vaping Device Retail License Application.
☐ Completed CTV-101 Individual Questionnaire for each required individual.
☐ Completed CTV-102 Appointment of Agent for corporations, LLCs, and nonprofit organizations when required.
☐ Copy of Wisconsin Seller's Permit.
☐ Wisconsin DFI registration number, where applicable.

TOWN OF CLEVELAND
JACKSON COUNTY, WISCONSIN

Operator's License Checklist

Operator License Period	July 1, 2026 through June 30, 2028
RENEWAL Application Deadline	June 15, 2026
Town Fee	$15.00

☐ Completed Town of Cleveland Operator's License Application.
☐ For new applicants, responsible beverage server course certificate taken within the past two years, or a copy of a current Wisconsin operator license accepted by the Town.
☐ Copy of photo identification.
☐ Payment of the operator license fee.

For RENEWALS: Renewal operator license applications MUST be received in the Clerk's Office on or before Monday, June 15, 2026, to guarantee that they are approved at the last board meeting in June. This will prevent a gap in term and the need for a provisional license at an additional cost of $15.00.

TOWN OF CLEVELAND
JACKSON COUNTY, WISCONSIN

Town Fee Schedule Appendix

Town of Cleveland, Jackson County, Wisconsin. Effective May 1, 2023 per Resolution 2023-01.

Fee Item	Amount
Building Permit	$100.00 Residential; $25.00 Outbuilding
Driveway Permit	$25.00
Fire Number Sign with Installation	$90.00
"Class A" Liquor	$300.00
Class "A" Beer	$200.00
"Class B" Liquor	$300.00
Class "B" Beer	$100.00
Temporary Class B	$10.00
Operator's License	$15.00
Cigarette License	$100.00
Cemetery Lot Fee	$300.00
Copies/Records	$0.25 per page
Research Fee	$25.00 per hour
Dog Licenses	Per Jackson County

Form AB-100 Instructions

Alcohol Beverage Individual Questionnaire

Who must complete Form AB-100?

All persons involved in the applicant business who are sole proprietors, partners of a partnership, officers, directors, members, managers, or agents must complete and submit Form AB-100. These persons are identified in Form AB-101, *Alcohol Beverage Appointment of Agent,* and Form AB-200, *Alcohol Beverage License Application,* or Form AB-220, *Temporary Alcohol Beverage License Application*.

Where do I submit Form AB-100?

If applying for a retail alcohol beverage license, submit this form with Form AB-200, *Alcohol Beverage License Application*, or Form AB-220, *Temporary Alcohol Beverage License Application*, to the clerk of the municipality in which the applicant business is located.

To update the agent for an alcohol beverage license, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent,* to clerk of the municipality that issued the alcohol beverage license.

Specific Instructions

Date

- Date the form in the top right corner.

Part A: Business Information

- Box 1: Enter the legal business name. If sole proprietor, enter the individual's first and last name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on any license application (Forms AB-200 or AB-220) or an existing license certificate.

Part B: Individual Information

- Provide all requested personal information.
- Box 4: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

- Question 2: List in chronological order all residential addresses within the last five years starting with your most recent address.

Part D: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding alcohol beverage license and permits under sec. 125.04(5)(a)(1) Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license.

Part E: Attestation

- Read the attestation carefully, then sign and date.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses.

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: DOR Alcohol Beverage (wi.gov)
Write: DORAlcohol@wisconsin.gov
Call: (608) 266-2526

Resources Provided by the Department of Revenue

License frequently asked questions
Publication 302 *Information for Wisconsin Alcohol Beverage Retailers*
Publication 309 *Retail Alcohol Beverage Licensing Guide for Municipalities*
Fact Sheet 3101 *Licenses for Retail Sale of Alcohol Beverages*
Fact Sheet 3103 *Licensed or Permitted Premises Description*
Fact Sheet 3116 *Reserve "Class B" Liquor Licenses*
Fact Sheet 3118 *"Class B" Liquor License Quotas*

Save Print Clear

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

2. Business Trade Name or DBA

3. Entity Type *(check one)*

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
4. Relationship to Business (Title)	5. Email	6. Phone
7. Home Address		
8. City	9. State	10. Zip Code	11. Date of Birth
12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance	

Part C: Address History

1. Do you currently live in Wisconsin? . . . . . ☐ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin . . . . . (MM/YYYY)

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
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued ⟶

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

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

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.

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 not more than $1,000 if convicted.

Signature	Date

Form AB-101 Instructions

Alcohol Beverage Appointment of Agent

Who must complete Form AB-101?

State law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed or permitted premises.

Use this form to appoint an agent for a new premises or to appoint a successor agent when there is a change before the license or permit is up for renewal.

Where do I submit Form AB-101?

Submit Form AB-101 to the appropriate issuing authority, either the clerk of the municipality in which the business or organization is located, or the Division of Alcohol Beverages.

Form AB-101 may be submitted with a license or permit application or at any time to indicate there is a change in agent prior to the license or permit renewal period.

Specific Instructions

Date:

- Date the form in the top right corner.

Agent Type:

- Select original appointment if you are applying for your license or permit for the first time or are renewing a license or permit.
- Select successor agent if you are reporting a change of agent during the licensing or permitting period.

Part A: Business Information

- Box 1: Enter the legal business name. If a sole-proprietorship, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as", if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on the license or permit application.

- Box 4: Select which alcohol beverage authorization you hold or are applying for.
- Box 5: For appointment of a successor agent, enter your state permit number (15-digit Wisconsin Tax ID number) or municipal retail license number (if applicable) for which you are appointing a successor agent. If you do not have a municipal retail license number, provide any applicable identifier (e.g., store number or location).
- Box 6: For appointment of a successor agent, describe the reason for the change in agent.

Part B: Agent Information

- Provide all requested personal information.

Part C: Agent Questions

- Question 1: Wisconsin law requires all agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless:
  - The applicant is renewing a municipal alcohol beverage retail license, or
  - Within the past two years:
    a. The applicant held a manager's or operator's (bartender) license.
    b. The applicant held or was the agent of a corporation or LLC that held any municipally issued retail alcohol beverage license in Wisconsin.

- Some agents for state permittees are exempt from responsible beverage server course requirements. The following permittees are exempt from RBS course requirements: Alcohol Beverage Warehouse, Industrial Fermented Malt Beverages, Wholesalers, Manufacturers, Rectifiers, Direct Wine Shippers, Wholesale Alcohol, Medicinal Alcohol, Industrial Alcohol, and Industrial Wine.
  - If you are applying to be the agent of one of these exempt permittees, answer "yes" to Question 1.
- To learn about your responsibility to complete the responsible beverage server requirement, review Publication 302, *Information for Wisconsin Alcohol Beverage Retailers*.
- Question 2: Appointed agents for a retail licensee must complete Form AB-100, *Alcohol Beverage Individual Questionnaire*, and submit it to the municipal clerk in which the licensed business is located. Appointed agents for a permittee must complete and submit Form AB-300, *Alcohol Beverage Personal Questionnaire*, and submit it to the Division of Alcohol Beverages.
- Question 3: Appointed agents must be Wisconsin residents for at least 90 continuous days prior to the date of application, except for direct wine shipper permittees.

Part D: Business Attestation

- An authorized representative should sign, date, and provide requested personal information on behalf of the business.

Part E: Agent Attestation

- The agent being appointed should read the attestation carefully, then sign and date.

Assistance

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: DOR Alcohol Beverage (wi.gov)
Write: DORAlcohol@wisconsin.gov
Call: (608) 266-2526

Save Print Clear

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

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)

2. Business Trade Name or DBA

3. Entity Type *(check one)*
☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☐ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
4. Email		5. Phone
6. Home Address		

7. City	8. State	9. Zip Code	10. Date of Birth
11. Driver's License/State ID Number		12. Driver's License/State ID State of Issuance	

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? . . . . . ☐ Yes ☐ No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? . . . . . ☐ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? . . . . . ☐ Yes ☐ No
See instructions for exceptions.

Continued →

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.

Title	Email	Phone

Signature	Date

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.

Signature	Date

Form AB-200 Instructions

Alcohol Beverage License Application

Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get a retail alcohol beverage license.

Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

Specific Instructions

License Period:

- Annual licenses expire June 30 each year, except licenses issued by the City of Milwaukee. Annual licenses issued by the City of Milwaukee also may be issued at any time throughout the year, but are valid for one year from the date of issuance.

Application Type:

- Select "Initial (New)" if this is the first time you are applying for an alcohol beverage license for this premises.
- Select "Renewal" if you are renewing an alcohol beverage license that was issued sometime in the past year.

License(s) Requested and Fees:

- Select the alcohol beverage license(s) you would like to apply for.
- Generally, you may apply for no more than two licenses for the same premises. Further, some license combinations are not acceptable, (e.g., "Class A" and a Class "B"). See Publication 309, *Appendix B*, for more information about acceptable license combinations.
- For descriptions of each of the alcohol beverage licenses and their authorizations, see Publication 302, *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*, and Fact Sheet 3101, *Licenses for Retail Sale of Alcohol Beverages*.
- License costs are determined by the municipality within a range set by state law. Ask your clerk how much the license, background check, and publishing fees in that municipality cost.
- License fees for licenses issued for less than one year must be prorated according to the number of months or fraction of months remaining in the licensing period.

Part A: Premises/Business Information

- Box 1: Enter the legal business name or individual name if a sole proprietor.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Enter the Federal Employer Identification Number (FEIN) for the applicant business.
- Box 4: Seller's permits begin with the digits "456." For questions about obtaining a seller's permit, see Seller's Permit Common Questions.
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 6: When the controlling members or managers of a limited liability company are other businesses, the real people controlling the licensee through a parent company must be evaluated to determine if they are eligible to hold an alcohol beverage license under state law. Evaluate the upstream ownership chain until the controlling members or managers are natural persons. Describe or illustrate the license applicant's ownership, including the legal entity names and persons associated with each entity. List all natural persons associated with this question in Form AB-200, *Appendix A*. Submit Form AB-100 for each person listed in Appendix A according to the instructions in Part C.
- Box 7-8: Provide the state and the date of organization of the legal entity.
- Box 9: If you selected "Corporation" or "LLC" in box 5, provide the Wisconsin Department of Financial Institutions Registration number. This number is assigned to the entity when it is registered with DFI. It can be located using the Department of Financial Institution's Corporate Records Search. If your registration with DFI is not in good standing, that does not disqualify you from holding an alcohol beverage license under state law. It is one element a municipality may use to prove the legitimacy of your business. Sole proprietors, partnerships, and nonprofit organizations may not have this number. If you do not have a DFI Registration number, write N/A in the box.
- Boxes 10-19: All requests for "premises" information are requests for the physical location within the municipality and contact information to reach the business during open hours.

- Box 20: Describe the premises in detail. A street address alone is insufficient. Include outdoor spaces if your municipality allows it. Some municipalities have specific requirements for outdoor spaces as a part of the licensed premises. Call your municipal clerk to learn more. Attach a floor plan if possible.
  - If you are renewing an application and do not wish to change your premises description from the most recent license year, check the box "for renewal applicants only." If your license is granted, the municipal clerk will use the same premises description as the previous license year on your license certificate document.
  - If you are renewing an application and wish to change your premises description, do not check the box "for renewal applicants only" and describe your new premises in Box 20.

  Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor bar room, dining room, kitchen, north storage room, and south office of the 5,000 square foot building.
- Box 21-24 Provide the mailing address for the business, if different from the address in boxes 9-12.

Part B: Questions

- Questions 1 and 2: Disclose any civil or criminal violations of law and pending charges in any jurisdiction (federal, state, or local ordinance). Include detailed descriptions of any violations of law involving alcohol beverages. Attach additional sheets as necessary.
- Question 3: Wisconsin law generally prohibits alcohol beverage industry members from having an interest in another tier. The law provides some exceptions, with limitations, for restricted investors. If the applicant business, or any of its officers, directors, members, agent, employees, owners, or other related individuals has an interest in an alcohol beverage producer or wholesaler, list the restricted investors and describe the nature of their interest. A restricted investor with an allowable interest in another tier must complete AB-104, Restricted Investor Affidavit. Attach additional sheets as necessary.
- Question 4: Wisconsin law requires all sole proprietors, partners, and agents of corporations and LLCs to successfully complete a Wisconsin approved responsible beverage server (RBS) training course within the past two years unless one of the following applies.
  - The applicant is renewing a license, or
  - Within the past two years:
    a. The applicant held a manager's or operator's (bartender) license or permit.
    b. The applicant held or was the agent of a corporation or LLC that held any municipally issued alcohol beverage license in Wisconsin.
- Submit the associated documentation with this application.

Note: To learn about your responsibility to complete the responsible beverage server requirement, please review Publication 302, *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*.

- Question 5: A licensee may only buy liquor or beer for cash or on credit terms for a period not to exceed 15 days for beer and 30 days for liquor. A person may not be issued a license if they are indebted to a wholesaler in excess of these limits.
- Question 6: Renewal of licenses may be denied pursuant to a local ordinance if the licensee owes past due municipal taxes, assessments, or other fees.

Part C: Individual Information

- Check each attestation to indicate you have completed the appropriate supplementary paperwork to complete your application.
- Use Form AB-200AA, *Appendix A*, to provide a list of all persons involved in the applicant business. Appendix A is the final page of Form AB-200. Attach additional sheets if necessary.
- Persons holding the following titles in the applicant business and in businesses referenced in Part A, Question 6 must provide contact and personal information to determine their fitness to hold an alcohol beverage license under state law:
  - Sole proprietor
  - All partners of a partnership
  - All officers, directors, and agent of a corporation or nonprofit organization
  - All members or managers, and agent of a limited liability company.

  Example: Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.
- Sole-proprietors, partners in a partnership, and the agent of an LLC or corporation must reside in Wisconsin continuously for 90 days prior to application. For additional qualification information, see Publication 309, Part 5.
- Include an accurate Form AB-100, *Alcohol Beverage Individual Questionnaire*, for each person listed on Form AB-200AA with the submission of this application except for the following:

- Corporate shareholders who are not also officers, directors, or agent
- LLC members in a manager-managed LLC who do not have day-to-day involvement in the business
- Beneficiaries of a trust that have an interest in the license

- When an applicant LLC's members are other business entities, the following persons must submit Form AB-100:
  - The trustee of a trust that is a member of an applicant LLC
  - Corporate officers and directors of a corporation that is a member of an applicant LLC
  - Members of managing members of an LLC that is a member of an applicant LLC
- *For Initial (New) Applicants*: Every person listed in Appendix A must submit a completed Form AB-100, except as provided above.
- *For Renewal Applicants:* Submit the **most accurate** copy of Form AB-100 for each person listed in Appendix A, except as provided above. If the paperwork from the previous licensed period is still accurate, you may include a copy of the old paperwork to complete this application. If you do not have paperwork from the previous license period, you may ask the municipality to copy it for you. If the municipality cannot provide the paperwork, you must submit a new Form AB-100 to complete your application.
- Limited Liability Companies, Corporations, and Nonprofit Organizations must appoint an agent using Form AB-101, *Alcohol Beverage Appointment of Agent*.
  - *For Initial (New) Applicants:* Submit a completed Form AB-101 to appoint an agent on behalf of the applicant business.
  - *For Renewal Applicants:* Submit the **most accurate** copy of Form AB-101. If the paperwork from the previous licensed period is still accurate, you may include a copy of the old paperwork to complete this application. If you do not have paperwork from the previous license period, you may ask the municipality to copy it for you. If the municipality cannot provide the paperwork, you must submit a new Form AB-101 to complete your application.
- The application is not considered complete until all required persons are listed in Form AB-200, *Appendix A*, and the most accurate copies of Forms AB-100 and AB-101 are submitted.

Part D: Attestation

- Read the attestation carefully, then sign and date.

Part E: For Clerk Use Only

- *"Date license granted"* means the date the municipal governing body approves the license to be issued.
- *"Date license issued"* means the date the municipal clerk issues the license certificate document.

Appendix A: List of Persons Involved in the Applicant Business

- Select "Initial (New)" if this is the first time you are applying for an alcohol beverage license at this premises.
- Select "Renewal" if you are applying to renew an existing alcohol beverage license.
- Use the same license period listed at the beginning of Form AB-200.
- Box 1. Enter the same legal business name or individual name from Part A, Box 1.
- Box 2: Enter the same legal business name or individual name from Part A, Box 2.
- Box 3: Enter the same FEIN from Part A, Box 3.
- First Name and Middle Initial: List a first name and middle initial of a person.
- Last Name: List the last name of a person.
- Title/Relationship to Applicant Business: Titles could include Agent, President, Treasurer, Director, Chief Financial Officer, Member, Partner, etc.
- Phone Number: Enter a phone number where the person can be reached during business hours.
- Email: Enter an email for each person.
- Status:
  - New: All entries on an initial (new) application, or a new entry on a renewal application. Submit a Form AB-100 for each person with this status. Submit a Form AB-101 for any person with this status and the title "Agent."
  - Remove: Use this status to indicate a person is no longer serving as a part of the applicant business at renewal.
  - Update: Use this status to indicate a person has changed information contained on Forms AB-100 or AB-101 or their relationship to the entity has changed. Submit new Forms AB-100 or AB-101 to reflect the changes.
  - No Change: Use this status on renewal applications to indicate that a person's relationship to the applicant business has not changed and no information requested on Forms AB-100 and/or AB-101 has changed. Include the **most accurate** copy of Forms AB-100 and/or AB-101 for persons with this status.

Completion and Submission of AB-200

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- License applications must be filed with the municipal clerk at least 15 days before they can be considered by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- In addition to Form **AB-200**, include:
  - An accurate Form AB-100, *Alcohol Beverage Individual Questionnaire,* for all individuals listed in Appendix A
  - An accurate Form AB-101, *Alcohol Beverage Appointment of Agent,* for corporation, nonprofit organizations, and LLC applicants
  - License and publication fees as required by your municipality
  - All other information and documentation required by your municipality
  - Responsible beverage server training course completion certificate or other acceptable replacement document described in Part B, Question 4
  - Proof the applicant holds a seller's permit, such as a copy of the seller's permit document

Note: See Publication 206, *Sales Tax Exemptions for Nonprofit Organizations*, for information on when a nonprofit organization may be exempt from holding a seller's permit.

Note: You are required by federal law to register as an Alcohol Dealer with the federal Alcohol and Tobacco Tax and Trade Bureau (TTB) before beginning business. Use Form TTB F 5630.5d, *Alcohol Dealer Registration,* and return the form to the address listed on the instructions.

Open Records

This application is an open record under Wisconsin law (sec. 19.35, Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Division of Alcohol Beverages. The division publishes a list of alcohol beverage licensees reported by municipalities. The division will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

Assistance

This form is designed by the Division of Alcohol Beverages for use by municipal governments. If you require assistance with this form, consider reaching out to your municipal clerk for assistance with the following:

- Submission of this application and associated forms
- Availability and cost of certain licenses

If you have questions about alcohol beverage laws and regulations, you may contact the Division of Alcohol Beverages using the contact information below.

Website: DOR Alcohol Beverage (wi.gov)
Write: DORAlcohol@wisconsin.gov
Call: (608) 266-2526

Resources Provided by the Division of Alcohol Beverages

License frequently asked questions
Publication 302 *Information for Wisconsin Alcohol Beverage Retailers*
Publication 309 *Retail Alcohol Beverage Licensing Guide for Municipalities*
Fact Sheet 3101 *Licenses for Retail Sale of Alcohol Beverages*
Fact Sheet 3103 *Licensed or Permitted Premises Description*
Fact Sheet 3116 *Reserve "Class B" Liquor Licenses*
Fact Sheet 3118 *"Class B" Liquor License Quotas*

Save Print Clear

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	TOWN OF CLEVELAND
License Period	07/01/2026 - 06/30/2027

Application Type *(check one)*

☐ Initial (New) ☐ Renewal

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

☐ Class "A" Beer . . . . . $ 200
☐ "Class A" Liquor . . . . . $ 300
☐ "Class A" Liquor (cider only) $ _____
☐ "Class C" Liquor (wine only) $ _____
☐ Class "B" Beer . . . . . $ 100
☐ Regular "Class B" Liquor $ 300
☐ Reserve "Class B" Liquor $ _____
☐ Above-Quota "Class B" Liquor . . . . . $ _____

Fees	
License Fee(s)	$
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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? . . . . . ☐ Yes ☐ No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization

8. Date of Organization

9. Wisconsin DFI Registration Number

10. Premises Address

11. City

12. State

13. Zip Code

14. County

15. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____

16. Aldermanic District

17. Premises Phone

18. Premises Email

19. Website

20. Premises Description
Initial (New Applicants Only): 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 necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

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	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

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 business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? . . ☐ Yes ☐ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☐ Yes ☐ No

5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?. . . . . ☐ Yes ☐ No

6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☐ No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☐ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☐ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☐ *(For corporations, limited liability companies, and nonprofit organizations only)* I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☐ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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.

Title	Email	Phone

Signature	Date

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)

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*

☐ Initial (New) ☐ Renewal

License Period
07/01/2026-06/30/2027

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)

2. Business Trade Name or DBA

3. FEIN

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*

Form AB-220 Instructions

Temporary Alcohol Beverage License Application

Who needs an alcohol beverage license?

Any individual or entity that wants to sell alcohol beverages to consumers or allow consumption in a public place must get an alcohol beverage license (sec. 125.09(1), Wis. Stats.).

Who issues alcohol beverage licenses?

Cities, villages, and towns issue alcohol beverage licenses after the governing body (city council, town or village board) grants the license.

Who may receive a temporary alcohol beverage license?

Only the following nonprofit organizations may receive a temporary alcohol beverage license (sec. 125.26(6), Wis. Stats.):

- bona fide clubs, whether incorporated or not, which own, lease, or occupy a building or portion thereof used exclusively for club purposes, which is operated solely for a recreational, fraternal, social, patriotic, political, benevolent or athletic purpose but not for pecuniary gain and which only sells alcohol beverages incidental to its operation
- local chambers of commerce organized under ch. 181, Wis. Stats. or a similar civic or trade organization organized under ch. 181, Wis. Stats., to promote economic growth and opportunity within a local geographical area
- state, county, or local fair associations or agricultural societies
- churches, lodges or societies that have been in existence for at least 6 months before the date of application
- posts of veterans organizations

What types of events are temporary alcohol beverage licenses used for?

Picnics and similar gatherings of limited duration are the types of events that may qualify to use a temporary alcohol beverage license (sec. 125.26(6), Wis. Stats.). Some examples of events where a temporary alcohol beverage license may be required include fundraisers, meetings of the post, picnics open to the public, fair booths, wine or beer walks, festivals, and more.

What activities are authorized under a temporary alcohol beverage license?

An organization that holds a temporary alcohol beverage license may sell, serve, and allow consumption of wine and/or beer at an event hosted by the organization on the premises approved by the municipal governing body. Organizations may host gatherings requiring an entrance fee to the event that includes service of alcohol beverages or may charge for the beer or wine by the glass. A chamber of commerce or similar trade organization may hold up to 20 temporary alcohol beverage licenses for purposes of organizing a wine or beer walk. Temporary alcohol beverage licenses do not authorize consumption or sale of distilled spirits. See Publication 309, *Retail Alcohol Beverage Licensing Guide for Municipalities*, and Publication 302, *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*, for more details.

Specific Instructions

Municipality

- In the upper right hand corner, list the name of the city, town, or village for which you are applying for a temporary alcohol beverage license.

License(s) Requested and License Fees:

- Select the alcohol beverage license(s) you would like to apply for.
- The license fee is $10 regardless of whether you are applying for one or both types of temporary alcohol beverage licenses. Your municipality may charge background check fees to determine your organization's fitness to hold the license.

Part A: Organization Information

- Enter all contact information for the organization. Use a general phone and email address where a municipal clerk can reach your organization during business hours.

- Box 7: Enter the federal employer identification number for the organization. Every organization must have an employer identification number (EIN), even if it will not have employees. The EIN is a unique number that identifies the organization to the Internal Revenue Service.
- Box 11: Check one box to describe your organization's purpose or function. If you cannot check one of these boxes, you may not qualify for a temporary alcohol beverage retail license.
- Box 12: Check yes or no to indicate if your organization is required to hold a Wisconsin seller's permit for sales and use tax purposes. Some nonprofit organizations are not required to hold a seller's permit if they qualify for the occasional sales exemption. See Part 4 of Publication 206, *Sales Tax Exemptions for Nonprofit Organizations*, for the standards that must be met to qualify for the occasional sales exemption.
- Box 13: If Box 12 is yes, enter your seller's permit number. Seller's permits begin with the digits "456." For questions about obtaining a seller's permit, see Seller's Permit Common Questions.

Part B: Individual Information

- Provide the names, titles and phone numbers for officers, directors, and the agent of the organization. Titles of persons requiring disclosure include, but are not limited to: President, Treasurer, Executive Director, Board Member. Obtain and submit Form AB-100, *Alcohol Beverage Individual Questionnaire*, with your application for each person listed.
- Corporations must appoint an agent for this application. List the name of the agent in this section and include Form AB-101, *Alcohol Beverage Appointment of Agent*, with this application. The agent of your organization must reside in Wisconsin.

Part C: Event Information

- Box 1: Insert the event name. If this event will be advertised to the public or membership, use the name included on that information.
- Box 2: Insert the dates of the event. Attach a listing of event dates if more space is needed.
- Box 3: Insert the hours of operation for the event dates.
- Boxes 4-10: Enter the address for the event premises. Also enter the county, local jurisdiction, and aldermanic district in which the premises is located.
- Box 11: Insert the name of the event organizer if the license applicant is not the organizer of the event.
- Boxes 12-14: Provide contact information for the event organizer, the organizer's website, and the event website, if applicable.
- Box 15: Describe the premises in detail. Attach a floor plan, festival layout, map, or diagram if possible.

Example: The premises is located at 1234 Main St., Realtown, WI, 12345, and includes only the first-floor bar room, dining room, kitchen, and south office of the 5,000 square foot building.

Example: The premises is the 1,000 square foot tent within the southwest corner of the parking lot located at XYZ Church at 3456 Main St., Realtown, WI, 12345. All sales and storage of alcohol beverages and records will occur within the 1,000 square foot tent in the southwest corner of the parking lot.

Example: The premises is located at PDQ Park (7890 Main St., Realtown, WI, 12345). A 5,000 square foot tent will be constructed in the northeast corner of the park bordering the tree line and northern fence. All alcohol beverage sales and consumption will occur at this tent. Premises includes the adjacent north park office and the space between the tent and the office. Beverages and records will be securely stored in the north park office for the duration of the event.

Part D: Attestation

- One officer or director of the organization must sign the application.
- Read the attestation carefully, then sign and date.

Part E: For Clerk Use Only

- "Date license granted" means the date the municipal governing body approved the license to be issued.
- "Date license issued" means the date the municipal clerk physically issued the license certificate document.

Save Print Clear

Form **AB-220**

Temporary Alcohol Beverage License

Municipality: TOWN OF CLEVELAND

License(s) Requested		Fees	
☐ Temporary "Class B" Wine	☐ Temporary Class "B" Beer	License Fees	$
		Background Check	$
		Total Fees	**$**

Part A: Organization Information

1. Organization Name

2. Organization Permanent Address

3. City	4. State	5. Zip Code

6. Mailing Address (if different from permanent address)

7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation

10. Phone	11. Email

12. Organization type *(check one)*

☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization

☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? . . . . . ☐ Yes ☐ No

14. Wisconsin Seller's Permit Number (if applicable)

0

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone

Continued ⟶

Part C: Event Information

1. Name of Event (if applicable)

2. Dates of Operation

3. Hours of Operation

4. Premises Address

5. City

6. State

7. Zip Code

8. County

9. Governing Municipality ☐ City ☐ Town ☐ Village
of: _____

10. Aldermanic District

11. Organizer of Event (if not the named applicant)

12. Email and/or Phone Number for Organizer of Event

13. Organizer Website

14. Event Website

15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are 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 necessary.

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

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 organization 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 according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted 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.

Title

Email

Phone

Signature

Date

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

Completion and Submission of AB-220

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- Submit a separate application for each temporary event. One application may be used to apply for a temporary event that occurs multiple times at the same premises.
- License applications must be filed with the municipal clerk at least 15 days before they can be approved by the governing body, except licenses issued by municipalities within Milwaukee County. Governing bodies of municipalities within Milwaukee County establish their own period that applications must be filed with the municipal clerk.
- Include the following forms with your license application:
  - Form AB-100, *Alcohol Beverage Individual Questionnaire* for all officers, directors, and agent of the nonprofit organization
  - Form AB-101, *Alcohol Beverage Appointment of Agent*
  - Payment for license and background check fees, as required by your municipality
  - Any other information and documents required by your municipality

Assistance

This form is prepared by the Department of Revenue for use by municipal governments. If you require assistance with this form, consider reaching out to your local clerk for assistance with the following:

- Submission of this application and associated forms
- Availability of certain licenses in a community

If you have questions about alcohol beverage laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: DOR Alcohol Beverage (wi.gov)
Write: DORAlcohol@wisconsin.gov
Call: (608) 266-2526

Resources Provided by the Department of Revenue

License common questions
Publication 302, *Information for Wisconsin Alcohol Beverage and Tobacco Retailers*
Publication 309, *Retail Alcohol Beverage Licensing Guide for Municipalities*
Fact Sheet 3101, *Licenses for Retail Sale of Alcohol Beverages*
Fact Sheet 3103, *Licensed or Permitted Premises Description*
Fact Sheet 3116, *Reserve "Class B" Liquor Licenses*
Fact Sheet 3118, *"Class B" Liquor License Quotas*

Town of Cleveland Operator's License Application

Jackson County, Wisconsin | License period: July 1, 2026 through June 30, 2027

Municipal Clerk: Kayla Lindgren | W13577 E Bramer Rd, Fairchild, WI 54741 | clerk@townofcleveland.org

License Type

☐ New ☐ Renewal ☐ Provisional / Temporary if approved by Board: $15

Applicant Information

Full Legal Name | **Date of Birth** | **Phone**

Home Address | **City, State, Zip**

Email | **Driver's License / State ID No.** | **State**

Employer Information

Employer Name | **Employer Phone** | **Employer Email**

Employer Address

License Delivery Preference

☐ Mail to applicant ☐ Email applicant ☐ Call applicant for pickup

☐ Mail to employer ☐ Call employer for pickup

Acknowledgement

I, the undersigned, respectfully apply to the local governing body of the Town of Cleveland, County of Jackson, State of Wisconsin, for an Operator's License as provided by Wis. Stat. sec. 125.17, through June 30, 2027. I certify that I am ____ years of age. I am familiar with applicable laws, ordinances, and regulations and agree, if granted said license, to obey all provisions of said laws.

Applicant Signature | **Date**

For Clerk Use Only

Fee Due | **Date Paid** | **Amount Paid** | **Receipt #** | **License #**

Valid From | **Valid To** | **Background Check Date** | **Board Approval Date**

☐ RBS certificate reviewed ☐ Current WI operator license reviewed

☐ Valid photo ID reviewed ☐ Criminal record check completed

Date Mailed / Picked Up | **Initials**

Form CTV-100 Instructions

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Who needs a cigarette, tobacco, and electronic vaping device retail license?

Any individual or entity that wants to sell cigarettes, tobacco products, or electronic vaping devices to consumers over the counter or through a vending machine must obtain a retail cigarette, tobacco, and electronic vaping device license.

Who issues cigarette, tobacco, and electronic vaping device retail licenses?

Municipal clerks of cities, villages, and towns issue cigarette, tobacco, and electronic vaping device retail licenses.

Specific Instructions

Part A: Business Information

- Box 1: Enter the legal business name.
- Box 2: Enter the business trade name or "doing business as" name, if different than the name in box 1.
- Box 4: Seller's permits issued by the Wisconsin Department of Revenue begin with the digits "456." For questions about obtaining a seller's permit, see the department's Seller's Permit Common Questions.
- Box 5: Check one entity type to indicate how the business is legally organized.
- Box 14: Check a municipality type and write the name of the governing municipality where the business is located. This may be different from the city listed in the premises address.
- Box 20 – 23: All requests for "premises" information are requests for the physical location within the municipality and contact information to reach the business during open hours.
- Box 23: Describe the premises in detail. Attach a floor plan if possible.
  - Example: The premises is located at 1234 Main St., Realtown, WI 12345 and includes only the first-floor sales floor, humidor, north storage room, and south office of the 5,000 square foot building.

Part B: Questions

1. Check the box(es) corresponding to each type of product you intend to sell. You may check multiple boxes.
2. Check the box(es) corresponding to the type of retail sale intended. This license does not authorize any online sales. Cigarette vending machine retailers must also obtain a Cigarette Vending Machine Operator by completing Form CT-129.
3. If you answer yes to this question, provide the Legal Business Name and FEIN of the business entities listed in boxes 3a and 3b.

Part C: Individual Information

- Provide basic information for all persons involved in the applicant business who are sole proprietors, partners, officers, members, or agents. Example titles: President, Treasurer, Chief Financial Officer, Member, Partner, etc.
- If the applicant is owned by another business entity as indicated in Part B, Question 3, include information about the business entity's officers, members, and agents in the table, including the completion of Form CTV-101.
- Include an Individual Questionnaire (Form CTV-101) for each person listed with the submission of this application.

Part D: Attestations

- Read the attestation carefully, then sign and date.

Part E: For Clerks Use Only

- "Date license issued" means the date the municipal clerk issued the license certificate document.

Completion and Submission of Form CTV-100

- Submit the completed application to the clerk of the municipality in which you are applying for a license.
- In addition to Form CTV-100, include:
  - Form CTV-101 for the sole-proprietor; all officers, directors, and agent of a corporation; all partners of a partnership; all managing members and agent of a limited liability company
  - Form CTV-102 if the applicant is an LLC or corporation
  - Proof the applicant holds a seller's permit, such as a copy of the seller's permit document. Search for active sales tax accounts at revenue.wi.gov under My Tax Account, click on "Search Account Number" under the Businesses section. If you have questions about whether a person holds a seller's permit, contact the Department of Revenue at 608-266-2776
  - All other information and documents required by your municipality

Open Records

This application is an open record under state law (sec. 19.35, Wis. Stats.) and may be provided to the public. If this license is issued by your municipality, your municipality must report the license to the Wisconsin Department of Revenue. The department publishes a list of cigarette, tobacco product, and electronic vaping device licensees reported by municipalities. The department will not disclose personal information such as residential addresses, home phone numbers, social security numbers, age, birth date, and place of birth of individuals, including partners, officers, directors, members, managers, and agents of corporations or LLCs.

Assistance

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Availability and cost of certain licenses

If you have questions about cigarette, tobacco product, and electronic vaping device laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: https://www.revenue.wi.gov/Pages/Businesses/Tobacco.aspx

Email: DORExcise@wisconsin.gov

Telephone: (608) 264-4248

Resources Provided by the Department of Revenue

Publication 304*, Cigarette, Tobacco, and Vapor Products Tax and Regulatory Information*

Wisconsin Department of Revenue Cigarette, Tobacco, and Vapor Product Landing Page

Permit Predetermination Common Questions

Vapor Products Tax Common Questions

Fact Sheet 3501*, Vapor Products Tax*

Other Resources

Tobacco Sales Training – Wisconsin Department of Health Services

Tobacco 21 – Wisconsin Department of Health Services

Save Print Clear

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period 07/01/2026 - 06/30/2027

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)

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

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)

10. City

11. State

12. Zip Code

13. County

14. Governing Municipality: ☐ City ☐ Town ☐ Village
of: _____

15. Aldermanic District

16. Mailing Address (if different from premises address)

17. City

18. State

19. Zip Code

20. Premises Phone

21. Premises Email

22. Website

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

Part B: Questions

1. What products will be sold at this business location? (check all that apply)
☐ Cigarettes ☐ Tobacco Products ☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
☐ Over the counter ☐ Vending machine

3. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☐ No

If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary

3a. Name of Business Entity: _____

3b. FEIN of Business Entity: _____

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.
- I will not sell or offer for sale any electronic vaping device unless listed on the Wisconsin Department of Revenue's electronic vaping device directory.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date

Name (Last, First, M.I.)		
Title	Email	Phone

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form CTV-101 Instructions

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Who must complete Form CTV-101?

This form must be submitted with a retail license (Form CTV-100) or permit (CTV-200) application and must be completed by each person involved in the applicant business. This includes: a sole proprietor; all officers, agents of a corporation; all partners of a partnership; and all members and agents of a limited liability company.

Note: Your applications (Forms CTV-100 or CTV-200) are not complete until all required Individual Questionnaires are submitted.

Where do I submit Form CTV-101?

Submit this form with the following applications, as applicable:

- With Form CTV-100, *Cigarette, Tobacco, and Electronic Vaping Device Retail License Application*, to the clerk of the municipality in which the applicant business is located.
- With Form CTV-200, *Application for Cigarette, Tobacco, and Vapor Products Permits*, to the Department of Revenue.

Specific Instructions

Date

Date you are preparing this form using the format MM/DD/YYYY.

Part A: Premises/Business Information

- Box 1: Enter the legal business name. If the applicant is a sole proprietor, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

Note: This business information must match the information on the license or permit application (Form CTV-100 or CTV-200).

Part B: Individual Information

- Provide all requested personal information.
- Box 2: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

- In chronological order starting with your most recent residential address, list your addresses within the past five years.
- List any states and counties you have lived in not already listed in Part C.

Part D: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance).
- Question 2: Disclose any pending charges against you in any jurisdiction.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if the offenses are sufficiently relevant, be prohibited from holding a cigarette, tobacco, and electronic vaping device license or permit under secs. 134.65(1m) and 139.34, Wis. Stats. See the Department of Revenue's Permit Predetermination Common Questions for offenses that may prevent someone from holding a license or permit.

Part E: Attestation:

- Read the attestation carefully, then sign and date.

Part F: Licensing Authority Approval

This section is for use by the appropriate municipal official to attest to the qualifications of the individual.

Assistance

This form is designed by the Department of Revenue.

If you have questions about retail license applications and costs of licenses, contact your municipal clerk for assistance.

If you have questions about permit applications or general questions about cigarette, tobacco, and electronic vaping device laws and regulations, contact the Department of Revenue using the contact information below.

Website: https://www.revenue.wi.gov/Pages/Businesses/Tobacco.aspx
Email: DORExcise@wisconsin.gov
Telephone: (608) 264-4248

Resources Provided by the Department of Revenue

Publication 304*, Cigarette, Tobacco, and Vapor Products Tax and Regulatory Information*
Wisconsin Department of Revenue Cigarette, Tobacco, and Vapor Product Landing Page
Permit Predetermination Common Questions
Vapor Products Tax Common Questions
Fact Sheet 3501, *Vapor Products Tax*

Other Resources

Tobacco Sales Training – Wisconsin Department of Health Services
Tobacco 21 – Wisconsin Department of Health Services

Click mouse in 'Date' field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

Save Print Clear

Date

Form **CTV-101**

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
2. Business Trade Name or DBA
3. Entity Type *(check one)* ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)		3. Name (M.I.)
4. Relationship to Business (Title)	5. Email		6. Phone
7. Home Address			
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: Individual's Address History

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
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than $1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature	Date

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title

Signature of Local Official	Date

Form CTV-102 Instructions

Appointment of Agent

Who must complete Form CTV-102?

Corporations and limited liability companies (LLCs) must appoint an agent that takes responsibility for the licensed or permitted premises where business activities relative to cigarettes, tobacco products, and/or electronic vaping devices are conducted.

Where do I submit Form CTV-102?

Submit this form with your application for a retail license (CTV-100) or a permit (CTV-200), or submit it separately to report a change in appointed agent.

- For retail licenses, submit this form to the clerk of the municipality in which the applicant business is located.
- For permits, submit this form to the Department of Revenue at the mailing address shown below.

Specific Instructions

Date:

Date you are preparing this form using the format MM/DD/YYYY.

Agent Type:

Select original appointment if you are appointing an agent with your license or permit application (Form CTV-100 or CTV-200). Select change if you are reporting a change of agent.

Part A: Agent Information

Provide all requested personal information for the appointed individual.

Part B: Agent Questions

- These questions should be answered by the appointed individual.
- Question 1: Submit a completed Form CTV-101, *Individual Questionnaire*, with this form.
- Question 2: Describe the reason why the business entity must appoint a new agent.
  - Examples include: the previous agent is no longer an employee of the entity, the previous agent is no longer eligible to be an agent of the premises, the previous agent was not responsive to business needs.

Part C: Business Information

- Box 1: Enter the legal business name.
- Box 2: Enter the trade name or “doing business as” name, if different than the name in box 1.
- Box 3: Check one entity type in to indicate how the business is legally organized.

Note: This business information must match the information on the license or permit application (Form CTV-100 or CTV-200) or match the name on the issued license or permit if reporting a change of agent.

Part D: Attestations

- An authorized representative of the licensee or permittee should read the first attestation carefully and sign to acknowledge the appointment of this agent.
- If the business in Part C is a corporation, the attestation must be signed by an authorized corporate officer or director.
- If the business in Part C is an LLC, the attestation must be signed by an authorized LLC member (i.e., managing member).
- The agent should read the second attestation carefully and sign to accept the appointment.
- An authorized representative of the licensee or permittee may appoint themselves as the agent by signing both attestation sections.

Assistance

This form is designed by the Department of Revenue.

If you have questions about retail license applications and costs of licenses, contact your municipal clerk for assistance.

If you have questions about permit applications or general questions about cigarette, tobacco, and electronic vaping device laws and regulations, contact the Department of Revenue using the information below.

Website: https://www.revenue.wi.gov/Pages/Businesses/Tobacco.aspx

Email: DORExcise@wisconsin.gov

Telephone: (608) 264-4248

Write: Wisconsin Department of Revenue
Excise Tax Unit
P.O. Box 8900
Madison, WI 53708-8900

Resources Provided by the Department of Revenue

Publication 304*, Cigarette, Tobacco, and Vapor Products Tax and Regulatory Information*

Wisconsin Department of Revenue Cigarette, Tobacco, and Vapor Product Landing Page

Permit Predetermination Common Questions

Vapor Products Tax Common Questions

Fact Sheet 3501 *Vapor Products Tax*

Other Resources

Tobacco Sales Training – Wisconsin Department of Health Services

Tobacco 21 – Wisconsin Department of Health Services

Save Print Clear

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): ☐ Original ☐ Change

Part A: Agent Information

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

4. Email	5. Phone

6. Home Address

7. City	8. State	9. Zip Code

10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. . . . . ☐ Yes ☐ No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor)

2. Business Trade Name or DBA

3. Entity Type (check one)
☐ Limited Liability Company ☐ Corporation

4. Premises Address

5. City	6. State	7. Zip Code

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee or Permittee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee or Permittee (officer, member, or authorized signatory)	Date

Name of Person Signing	Title

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than $1,000 if convicted.

Signature of Agent	Date