

RETAIL LICENSE TRANSFER – PREMISES TO PREMISES

Wisconsin Department of Revenue

FEE \$ _____

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

_____, Wisconsin
_____, 20_____

To the governing body of the City Village Town of _____
County of _____ Wisconsin.

The undersigned hereby applies for a transfer of Class _____ license from _____

_____ to _____
(present location) *(proposed location)*

on or about _____ .
(date)

1. APPLICANT: *(print name and address plainly)*

(a) Full name of applicant _____

(b) Address _____

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE:
Describe building or buildings where alcohol beverages are to be sold, served and stored.

(a) Street number _____

(b) Trade name of establishment _____

(c) Physical description of building, buildings and/or land area comprising licensed premises.

(d) Legal description (omit if street address is given above.) _____

(e) Is any other business conducted on same premises? Yes No If so, what?

(f) Was this location licensed for beer or liquor during the past year? Yes No

(g) Give name and address of previous licensee. _____

(h) Will the previous licensee surrender its license? Yes No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

(Signature)

State of Wisconsin

} ss.

County of _____

(I) (We), _____ and _____
being first duly sworn on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true.

Subscribed and sworn to before me this

_____ day of _____, 20 _____

Notary Public, _____ County, Wis.

My Commission Expires _____

CLASS OF BUSINESS

Name	_____
Original Location	_____
Ward	_____
Proposed Location	_____
Ward	_____
License No.	_____
Treasurer's Receipt No.	_____
Filed	_____
Submitted to Council or Board	_____
Approved	_____ Date _____
Denied	_____ Date _____