

Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- |   |  |
|---|--|
| <input type="checkbox"/> Class "A" Beer . . . . . \$ _____      | <input type="checkbox"/> Class "B" Beer . . . . . \$ _____   |
| <input type="checkbox"/> "Class A" Liquor . . . . . \$ _____    | <input type="checkbox"/> "Class B" Liquor . . . . . \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____   |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____  |  |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

### 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) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address			
10. City		11. State	12. Zip Code
13. County	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Premises Phone	17. Premises Email		18. Website
19. Premises Description - 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.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . .  Yes  No beverages.  
 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 distributor? . .  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

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

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

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

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 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)	

## Alcohol Beverage Individual Questionnaire

Date
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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 or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type ( <i>check one</i> )	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
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. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Years</td> <td style="width: 50%; text-align: center;">Months</td> </tr> </table>	Years	Months
Years	Months				
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		

*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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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
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## Alcohol Beverage Appointment of Agent

Date
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<b>Agent Type</b> <i>(check one)</i>	
<input type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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.	

<b>Part B: Agent Information</b>			
1. Last Name	2. First Name	3. M.I.	
4. Email		5. Phone	
6. Home Address			
7. City	8. State	9. Zip Code	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? ..... Submit proof of completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? ..... Submit a completed Form AB-100 with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... See instructions for exceptions.	<input type="checkbox"/> Yes <input type="checkbox"/> No

*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	

<b>FOR CLERKS ONLY</b>
Municipality
License Period

Form  
**CTV-100**

## Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

### 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) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> 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: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> 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) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.  3a. Name of Parent Company: _____  3b. FEIN of Parent Company: _____

**Part C: Individual Information**

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

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.

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 permit 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.

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		



Date

Form  
CTV-101

# Cigarette, Tobacco, and Electronic Vaping Device License - 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)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> 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
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Trial Date
------------------------	----------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Trial Date
------------------------	----------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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
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**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 qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
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Signature of Local Official	Date
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# Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date
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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
<p>1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i>? Submit a completed Form CTV-101 with this form. .... <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.</p>   

Part C: Business Information
1. Legal Business Name (individual name if sole proprietor)
2. Business Trade Name or DBA
3. Entity Type (check one) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Limited Liability Company                      <input type="checkbox"/> Corporation         </div>
4. Premises Address
5. City
6. State
7. Zip Code

Part D: Attestations	
<p><b>READ CAREFULLY BEFORE SIGNING:</b> I, the <b>Licensee</b>, 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.</p>	
Signature of Licensee (officer, member, or authorized signatory)	Date
Name of Person Signing for Licensee	Title
<p><b>READ CAREFULLY BEFORE SIGNING:</b> I, the <b>Agent</b>, hereby 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.</p>	
Signature of Agent	Date





## APPLICATION FOR MECHANICAL DEVICE LICENSE

Application is hereby made for a license to operate Mechanical Device(s) as provided by the City of Oshkosh Municipal Code Book.

**SECTION 5-36 LICENSE REQUIRED:**

No person, firm or corporation shall operate any device, machine or contrivance for entertainment which is operated by placing of a coin in said instrument or in any mechanism connected thereto, or by in any manner paying the owner or operator thereof a fee or charge of any kind, without first obtaining a license as herein provided.

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Name of Applicant/Agent \_\_\_\_\_

<u>TYPE OF LICENSE</u>	<u>FEE</u>	<u>QTY</u>	<u>AMOUNT DUE</u>
Mechanical Devices (Coin Operated)	\$20/device	_____	_____
Billiard License (Non-Coin Operated)	\$5/device	_____	_____
Bowling Lanes	\$10/lane	_____	_____
Mini Golf License	\$5	N/A	_____
		<b>Total</b>	_____

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

**CLERK'S OFFICE USE ONLY**

LICENSE NUMBER ISSUED: \_\_\_\_\_

EXPIRATION DATE: 06/30/ \_\_\_\_\_



Oshkosh Police Department Investigation for City Liquor License

**APPLICANT INFORMATION**

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail		
Place of Birth	Date of Birth	Previous Name	
Previous Address (up to the last 5 years)			

**BUSINESS WHERE LIQUOR LICENSE WILL BE HELD**

Name	Phone
Address	License Type

What type of establishment do you intend to operate?     
  Retail     
  Restaurant     
  Tavern / Bar     
  Nightclub

Do you understand the State Statues & City Ordinances concerning the laws & regulations in the operation of this establishment?     
 YES       NO

Do you understand there must be a licensed bartender or yourself on duty at all times.     
 YES       NO

Will you have any type of entertainment? If so, what type?     
 YES       NO

Will your music be kept at a level acceptable to the neighborhood?     
 YES       NO

Do you understand that the license you are applying for will expire June 30<sup>th</sup> of each year and that checks will be made by the Police Department, that records will be kept of complaints and these records may have a bearing on the Common Council renewing any future licenses?     
 YES       NO

What experience do you have in the operation of this type of establishment?

How will you prevent underage drinking on premises?

Have you ever been convicted of violating any federal, state, local laws or ordinances related to alcohol beverages - If yes, please explain:     
 YES       NO

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant Approved	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Signature of Investigating Officer	Date
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Council Date \_\_\_\_\_

**Supplemental Application pertaining to new Liquor License Applicants**

**Applicants are requested to provide the following information addressing the potential economic and community impacts of the proposed project or establishment.**

**For assistance with completing this form, please contact the City of Oshkosh, Economic Development Division, at 236-5055.**

Contact Information:

- 1) Name of business/entity \_\_\_\_\_
- 2) Owner or Principal(s) of entity \_\_\_\_\_
- 3) Address \_\_\_\_\_
- 4) Phone Number \_\_\_\_\_
- 5) Email \_\_\_\_\_

6) Property Information:

- a. Address \_\_\_\_\_
- b. Current Zoning - use/uses \_\_\_\_\_
- c. Proposed use/uses \_\_\_\_\_
- d. Are there any outstanding code violations on the property that will be corrected? \_\_\_\_\_  
\_\_\_\_\_  
If yes, how will the violations be corrected? \_\_\_\_\_  
\_\_\_\_\_

- 7) Current property value (as shown on City's Assessor's website) \$ \_\_\_\_\_
- 8) Projected property value after establishment opened and/or improvements occur \$ \_\_\_\_\_  
\_\_\_\_\_

9) What is your intended use of the liquor license – Do you have any plans to rehabilitate an existing structure or for new construction?

- a. Private Financing Improvements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Public Improvements financed by the City adjacent to Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Public improvements in the right of way financed by Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Timeframe for construction/rehabilitation \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

e. Is the proposed project in a redevelopment area or in need of revitalization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10) How will your project attract customers from outside the City of Oshkosh to Oshkosh?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11) Are there any contingencies for the use of the liquor license? Explain.

a. Acquiring land/property? \_\_\_\_\_

b. Obtaining financing? \_\_\_\_\_

c. Developer determining to proceed with project? \_\_\_\_\_

d. Obtaining rezoning or permit approvals? \_\_\_\_\_

\_\_\_\_\_

12) Applicant's Investment and Employment associated with the liquor license:

a. Private investment in Business \$ \_\_\_\_\_

b. Number of Jobs to be Created and/or Retained

Total Full time Equivalent \_\_\_\_\_

i. Full time \_\_\_\_\_

Median income \$ \_\_\_\_\_

ii. Part time \_\_\_\_\_

Median Income \$ \_\_\_\_\_

c. Total projected annual payroll \$ \_\_\_\_\_

13) Are there other factors you would like the Council to consider with your application?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_