

Liquor/Beer Renewal Supplemental Form

Corporation or LLC

1. Name of Corporation or LLC _____
2. Address of Licensed Premise _____
3. State Seller's Permit Number 004 - _____ - _____
4. Federal Employer Identification Number _____
5. Approximate square footage of licensed premise _____
6. Capacity _____
7. Areas where alcohol beverages are sold/permitted (include outdoor seating, if applicable)

8. Areas where alcohol beverages are stored _____

9. Indicate the estimated percent of liquor/beer vs. food business, based on gross sales.
_____ % Alcohol _____ % Food _____ % Other
10. **Establishments with a capacity of 100 or more:**
 - (a) Do you offer or allow live music performances? _____ Yes _____ No
 - (b) Do you have a designated dance floor area? _____ Yes _____ No
 - (c) Do you offer or allow the use of a disc jockey? _____ Yes _____ No
11. **Establishments that currently hold Nightclub Licenses:**

Does your approved Security Plan remain in force and unchanged? _____ Yes _____ No
12. **Establishments that currently hold Centers for Visual & Performing Arts Licenses:**

Do your underage identification and security procedures remain in force and unchanged, as approved on your initial application? _____ Yes _____ No
13. Notify me when Tavern Safety Training sessions have been scheduled. No notice needed.

14. How long has the Liquor/Beer Agent resided in the State of Wisconsin? _____
15. Percentage of the business owned by the Liquor/Beer Agent _____ %
16. Has the Agent completed the Beverage Server Training Course? _____ Yes _____ No
17. Identify the **registered agent** for your Corporation or LLC. This is not necessarily the same person as your liquor/beer agent. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

Name

Address City State Zip

18. List names and addresses of all directors, stockholders, members, and managers below.

Names of Directors/Members	Home Address, City, State, Zip

Names of Stockholders (Corporation Only)	Home Address, City, State, Zip	% of Ownership (must = 100%)

Name(s) of Manager(s)	Home Address, City, State, Zip	Phone #

19. _____
Who to contact 8 a.m. - 4:30 p.m. regarding problems with application Contact Phone Number

Contact E-mail Address, if possible



Signature of Officer/Member

Date