

Special Events Permit Application

Date of Application: _____

Application must be submitted at least 30 days prior to event *\$50 Special Event Permit Application Fee Required*

Event Information	
<input type="checkbox"/> New Event <input type="checkbox"/> Repeat Event <input type="checkbox"/> Repeat Event with Changes (Explain changes in the description below)	
Event Name:	
Organization:	
Event Date(s):	Event Time(s):
Event Location:	
<p>1. If your event will be held in River Prairie, please indicate all areas you are planning to use within or near River Prairie. 2. Note that use of park facilities in any city park requires contact with Parks & Recreation office to arrange reservation and pay rental fee.</p>	
Private property will be used in conjunction with this event. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes and you are not the property owner, you must attach a letter or other written evidence that you have obtained permission for the special event from the property owner.</i>	
Estimated Event Attendance:	Donations, charges, or entry fees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Description & Schedule <i>(Detailed schedule, purpose, activity, who can participate, etc. Attach an additional sheet if necessary.)</i>	

Contact Information <i>(One contact person must be on site at ALL times during the event)</i>	
Primary Contact Name:	
Address:	
Phone Number:	Email:
Secondary Contact Name:	
Address:	
Phone Number:	Email:

Event Details			
<p>Requested City Services:</p> <p><i>Note: City Services may be required by City Staff after review of application.</i></p> <p><i>Applicant will be required to pay the cost of such services.</i></p>	Street Closure	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you are required to notify all affected residents, businesses, etc. Please attach a copy of the notification and distribution list.
	Police Patrols	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe below:
	Temporary No Parking Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe below:
	Fire Department Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe below:
	Medical (EMS) Stand-By	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Event Clean-Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Street Barricades	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe below:
	Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Event will have:</p>	Alcoholic Beverages	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a Temporary Class B picnic license is required to sell, serve, or consume beer or wine (no liquor).
	Amplified Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, all amplified sound or other noise in conjunction with a special event will be required to end at 10pm (unless explicitly approved by City Council).
	Tents/Canopies	<input type="checkbox"/> Yes <input type="checkbox"/> No	No ground stakes are allowed.
	Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a Permit to Discharge Fireworks is required.
	Participating Food/Merchandise Vendors	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach a list of participating vendors. <i>Note: Food vendors require a county permit.</i>
	Temporary Restrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many do you plan to have at your event?
	Shuttle Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please note the company name, contact information, and shuttle locations below:
	Fencing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Staging	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Private Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please note the company name and contact information below: <i>Note: May be required by City based on event size.</i>	

Other Required Information All forms are to be turned into the Altoona Parks & Recreation Office. Incomplete applications will be returned. Please call if you have any questions.

- Special Events Application** (complete and signed)
- \$50 Special Events Fee** (check payable to City of Altoona; fee waived for non-profits)
- Certificate of Liability Insurance required for Class A and Class B Events** (Please refer to page 4)
- Map of Special Event area** (site plan or route map): include any street, alley or right-of-way closed and placement of barricade. Site plan must include, as applicable, location of generators, tents/temporary structures, stages, booths, utility poles, stands, signs, banners, vendors, portable toilets, orientation of amplifiers and loudspeakers, lighting, viewing stands, bleachers, VIP areas, disability access, emergency exits, etc. (Please provide on a separate sheet of paper)
- Emergency Action Plan**, if required after review: Must include, as applicable, designated "lost child" area, evacuation procedure, securing valuables, crowd control, emergency response procedures and contact information, weather conditions. (Please provide on a separate sheet of paper)
- Traffic Control Plan**, if required after review: A traffic control plan clearly illustrates how pedestrian; vehicular and emergency traffic will be routed through and around your event. (Please provide on a separate sheet of paper)
- Garbage & Litter Removal Plan**, if required after review: Describe the waste disposal and recycling plan for your event. You are required to clean up immediately after your event. (Please provide on a separate sheet of paper)
- Parking Plan**: Describe how parking needs will be accommodated. (Please provide on a separate sheet of paper)
- N/A **Application for Temporary Class B Retail Alcohol License**, if applicable
- N/A **Application for Temporary Operator Bartender License**, if applicable
- N/A **Application for Permit to Discharge Fireworks**, if applicable
- N/A **Merchandise/Food Vendor List**, if applicable
- N/A **Business & Residential Notifications**, if applicable
- N/A **Statement from property owner**, if applicable

Indemnification and Hold Harmless

By applying for this special event permit, the organization or entity obtaining such permit (Applicant) agrees to defend, indemnify and hold harmless the City, its officers, officials, employees and volunteers from all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the activities or operations performed by the Applicant or on the Applicant's behalf out of issuance of this Permit, except for injuries and damages caused by the sole negligence of the City.

Applicant is responsible for any and all losses or claims that are in any way connected to their Special Event.

I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this hold harmless agreement.

Signature of Applicant

Date

City of Altoona Special Events Liability Insurance Requirements

It is hereby agreed and understood that the insurance required by the City of Altoona is primary coverage and that any insurance maintained by the City of Altoona, its officers, council members, agents, employees, or authorized volunteers will not contribute to a loss. All insurance shall be in full force prior to commencing the event and remain in force throughout the entire event, including the cleanup period after the event.

Class A Events-Large Exposure: over 500 people

The City of Altoona requires each special event group to provide the City with a copy of their Certificate of Insurance, provided by an insurance company licensed to do business in the State of Wisconsin. Carriers must maintain an AM Best Rating of A- or better, with a financial size category of X or better. Said Certificate of Insurance shall: 1) Provide a minimum of \$1,000,000 liability coverage 2) Provide Umbrella Coverage of \$2,000,000 each occurrence/\$2,000,000 aggregate; 3) Name the City as an Additional Named Insured.

Class B Events-Medium Exposure: 100-499 people and/or IF ALCOHOL IS SERVED

The City of Altoona requires each special event group to provide the City with a copy of their Certificate of Insurance, provided by an insurance company licensed to do business in the State of Wisconsin. Carriers must maintain an AM Best Rating of A- or better, with a financial size category of X or better. Said Certificate of Insurance shall: 1) Provide a minimum of \$1,000,000 liability coverage; and 2) Name the City as an Additional Named Insured.

Class C Events-Small Exposure: under 99 people

Small exposure events including, but not limited to, outdoor activity groups, gatherings in parks or similar events that are likely to draw less than 99 people. Event organizers in this class are encouraged to obtain insurance even though it is not required. **Note: If alcohol is being served, with an event of 99 or less people, that event would be Class B.**

Liquor Liability

If alcohol is consumed or sold at the event, Liquor Liability is also required. \$1,000,000 Limit per occurrence/\$2,000,000 aggregate.

TEMPORARY with Picnic License OPERATORS (BARTENDERS) LICENSE APPLICATION

APPLICATION GOOD THROUGH June 30, 2025

If you are applying after June 30, 2025, please go to www.ci.altoona.wi.us/residents.phtml or email cityhall@ci.altoona.wi.us to obtain the correct form. Thank you!

TEMPORARY LICENSE valid with PICNIC LICENSE and for EVENT ONLY **\$15.00**

Date Paid: _____ Cash/Check # _____ Receipt # _____
Acct Code 100-00-44116-000

Please be advised that the Police Department will review and verify the information contained in this application.

>>> If the information is incomplete or incorrect, it is likely that the application will not be approved. <<<

PLEASE PRINT CLEARLY. THANK YOU.

First Name <i>(must match ID)</i>	Middle Name <i>(must match ID)</i>	Last Name <i>(must match ID)</i>	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Email Address		Telephone No.	
Street Address of Where You Currently Live	City	State	Zip
Date of Birth	Driver's License or ID #	DL State	DL Expiration
Picnic License Holder's Name		Event Name	Event Date

1. Have you been issued a TEMPORARY LICENSE from the City of Altoona?

NO: > go to question 2

YES: **If you have been issued two (2) TEMPORARY LICENSES since July 1, 2024. You are not eligible for another until July 1, 2025.**

2. Have you lived out of state in the past 5 years? YES, please list the locations below, then go to question 3. NO > go to question 3

City	State	City	State
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3. Have you violated any laws, including UNDERAGE DRINKING? **FAILURE TO LIST PRIOR CONVICTIONS IS A BASIS FOR DENIAL**

NO > go to question 4

YES > What state(s) have you violated laws in? _____

LIST ALL PAST VIOLATIONS If you need more room, please use a separate sheet of paper and attach hereto.

Year	Nature of Offense
Year	Nature of Offense

LIST ANY CURRENT PENDING CRIMINAL VIOLATIONS

Year	Nature of Offense
Year	Nature of Offense

4. Are you currently on probation or parole?

No > go to question 5

Yes > Agent's name and phone # _____ > go to question 5

5. Have you EVER used a different name or changed your name? NO > go to question 6

YES, list ALL other names here: _____ > go to question 6

6. Did you attach a copy of your driver's license or photo ID to this application?

NO **Your application cannot be processed at this time** YES > go to Applicant's Statement below

APPLICANT'S STATEMENT

STAFF USE ONLY

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree in the consideration of the granting of the TEMPORARY license to comply with the laws of the State of Wisconsin and to the provisions of the Municipal Code of Ordinances of the City of Altoona.

Applicant's Signature _____ Date _____

	Date	Staff Initials
Scanned + filed	_____	_____
Emailed to PD	_____	_____
Approved by PD	_____	_____
Denied by PD	_____	_____

Municipality

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> 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 (<i>check one</i>)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

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 <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		10. Aldermanic District
		of: _____	
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	

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 or renewal 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 (<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	

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. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	

Part C: Address History					
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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PICNIC LICENSE APPLICATION SUPPLEMENTAL QUESTIONNAIRE

The following questionnaire is to obtain information from organizations applying for a Picnic License. As you progress through the application, you will find information relative to liquor laws and the steps your organization will need to take to prevent underage drinking. In addition, your answers will provide the Clerk's office and Police Department with details about your event.

ORGANIZATION NAME		
TYPE OF EVENT		
ADDRESS OF EVENT		
DATE(S) OF EVENT	START TIME	END TIME
DESCRIPTION OF EVENT BUILDINGS AND GROUNDS		
<p>Your application should describe the area in which you intend to allow the public to purchase and consume alcohol. Is your event confined to a building, school grounds or a specific section of the school grounds or a fenced in beer tent? The importance for a proper description is that your organization is responsible for any violations that occur on the premises described on the license. Utilizing too large of a space could subject your organization to monitoring a larger area than needed and for which you intend to be liable.</p>		
<p>NOTE: The Altoona City Council or Police Chief hold the authority to add, alter, or change restrictions as they deem necessary for the sale, distribution, and consumption of alcohol for any event prior to issuing a license.</p>		
Please utilize this space to describe the buildings and grounds of your event.		
1.	Are you aware that WI Statute 125.09 (2) (c) stipulates that prior to applying to the City for a license to sell or consume alcohol on school property for school sponsored activities you must specifically obtain written permission from the school administrator to conduct such as event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you aware that it is illegal to sub-let a Picnic License? It is illegal for an organization to acquire a Picnic License and handover the license to others to conduct the event.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you aware that a licensed bartender, or the person named on the Picnic License, must be able to always view those serving fermented malt beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you aware that your organization is responsible for checking identification to assure that persons consuming fermented malt beverages are of legal age?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.	Are you aware that your organization is accountable to other state and local laws regarding the sale and distribution of fermented malt beverages that are not mentioned in this document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have contacted the Altoona Police Department to determine if there will be a need for police officers at your event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If you answered "yes" to the question above, is your organization in agreement to reimburse the Police Department for those services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you aware that only members of your organization can be issued a license to sell beer tickets and distribute beer to customers unless you obtain an exemption under City Ordinance 5.24.100 G?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Will your organization be requesting an exemption under 5.24.100 G? If so, please complete the Request for Exemption questionnaire below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUEST FOR EXEMPTION UNDER 5.24.100 G

If you answered "yes" to question 9, please review and provide answers to the questions below.

What is the number of people per day you expect to turn out for your event?	
What is the number of members in your organization expected to be present each day to dispense fermented malt beverages?	
What is the number of volunteers you expect to need each day to assist your organization in serving fermented malt beverages?	
What is your organization doing to educate members and volunteers about the state and local laws and administrative rules surrounding the sale and the dispensing of fermented malt beverages?	
Would you like someone from the Police Department to attend one of your meetings to address any concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Submittal	
Name of Person Completing this Application	
Title/Position in the Organization	
Email Address	
Phone Number	
Applicant's Signature	

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.

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 \(wi.gov\)](http://DORAlcoholBeverage.wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 264-4573

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*

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*, Form AB-200, *Alcohol Beverage License Application*, or an alcohol beverage permit 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* to the clerk of the municipality in which the applicant business is located.

If applying for an alcohol beverage permit, submit this form as required by the permit application to the Division of Alcohol Beverages.

To update the agent for an alcohol beverage license or permit, submit this form with Form AB-101, *Alcohol Beverage Appointment of Agent* to the issuer of the authorization.

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 (Form AB-200) or 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 \(wi.gov\)](http://wi.gov)

Write: DORAlcohol@wisconsin.gov

Call: (608) 264-4573

Resources Provided by the Department of Revenue

[License frequently asked 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*

ALTOONA MUNICIPAL CODE

Section 5.24.100 G: Additional Regulations Pertaining to Temporary Class “B” and Temporary “Class B” Licenses Issued to Organizations. Whenever an organization is granted a temporary Class “B” license to sell fermented malt beverages and/or a temporary “Class B” license to sell wine at any picnic, meeting, fair, etc., said sales shall be subject to this subsection. All sales operations shall be managed and conducted by a bona fide organization under the Wisconsin Statutes. Only bona fide members of the licensed organization shall be permitted to dispense fermented malt beverages, unless the city council specifically grants an exemption, and the conditions of that exemption are stated on the license. The licensed organization and its bona fide members participating in the sale of fermented malt beverages shall take all steps necessary to make sure that all laws pertaining to drinking are complied with, including, but not limited to, all laws pertaining to minimum drinking ages. For purposes of this subsection, persons who join the licensed organization within one month of the effective date of the license will be presumed to not be bona fide members unless they prove they are permanent, fully active members. (Ord. 11I-91 (part), 1991; Ord. 9A-90 (part), 1990; Ord. 5A-89, 1989; Ord. 7C-88, 1988; Ord. 10C-86, 1986; Ord. 2A-86, 1986; Ord. 11B-82 (part), 1982)



1303 Lynn Avenue
 Altoona, Wisconsin 54720
 715-839-6092

APPLICATION
for
Permit to
Discharge Fireworks
Altoona Ordinance Chapter 9.20.023

Proof of Indemnity Bond with Good and Sufficient Sureties
or
Policy of Liability Insurance
&
\$50.00 Application Fee Due at Time of Submittal
\$30.00 Inspection Fee

Name of Applicant	Address	Phone Number
Location of Event (provide business name)	Address of Event	Date(s) of Event
Briefly describe nature of event:		
Please see Exhibit A for additional information		

 Signature of Applicant

 Date

Space below is for City use

Date Application Received: _____ Fee Collected: \$ _____

Proof of an Indemnity Bond or Liability Insurance provided: _____

Date of Fire Inspection: _____ Name of Inspector: _____

EXHIBIT A

Please provide a draft site plan addressing the following questions:

- 1. The location/area where the fireworks will be discharged.**

- 2. The location/area where the crowd will be viewing the fireworks.**

- 3. The approximate distance away from any structure(s), ex. 500 feet, 1000 feet.**

- 4. A Safety plan addressing critical safety issues.**

Departmental Review

(for city use only)

Assistant City Administrator:	<input type="checkbox"/> Approval <input type="checkbox"/> Approval with Conditions: _____ <input type="checkbox"/> Denial Reason for Denial: _____ Signature: _____
Police Chief:	<input type="checkbox"/> Approval <input type="checkbox"/> Approval with Conditions: _____ <input type="checkbox"/> Denial Reason for Denial: _____ <input type="checkbox"/> Requires assistance from PD Signature: _____
Fire Chief:	<input type="checkbox"/> Approval <input type="checkbox"/> Approval with Conditions: _____ <input type="checkbox"/> Denial Reason for Denial: _____ <input type="checkbox"/> Requires assistance from FD Signature: _____
Public Works Superintendent:	<input type="checkbox"/> Approval <input type="checkbox"/> Approval with Conditions: _____ <input type="checkbox"/> Denial Reason for Denial: _____ <input type="checkbox"/> Requires assistance from DPW Signature: _____
Recreation Manager:	<input type="checkbox"/> Approval <input type="checkbox"/> Approval with Conditions: _____ <input type="checkbox"/> Denial Reason for Denial: _____ <input type="checkbox"/> Requires assistance from P&R Signature: _____
Parks Foreman:	<input type="checkbox"/> Approval <input type="checkbox"/> Approval with Conditions: _____ <input type="checkbox"/> Denial Reason for Denial: _____ <input type="checkbox"/> Requires assistance from P&R Signature: _____

Approved By: _____

Signature of City Official

Date