

**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 }  
County of } ss.

(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 _____	_____