



****INCLUDE A COPY OF YOUR CURRENT WI SELLER'S PERMIT & FEIN NUMBER****

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2020 ending: 06/30/2021
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of
 City of } SUN PRAIRIE

County of DANE Aldermanic Dist. No. n/a (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C. A Late Fee will apply if application is returned after 4/15.

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$	200	
<input type="checkbox"/> Class B beer	\$	100	
<input type="checkbox"/> Class C wine	\$	100	
<input type="checkbox"/> Class A liquor	\$	500	
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$	500	
<input type="checkbox"/> Reserve Class B liquor	\$	10,000	
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	TBD	
TOTAL FEE	\$		

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) _____ **Home Address** _____ **Post Office & Zip Code** _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ _____
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ _____ Business Phone Number _____
 2. Address of Premises ▶ _____ Post Office & Zip Code ▶ _____

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



Each person listed on this form must complete the Auxiliary Questionnaire, Applicant Information Form, and provide a copy of their Driver License

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____



ADDITIONAL INFORMATION FOR A CLASS A ALCOHOL LICENSE APPLICATION

APPLICANT INFORMATION

1. Trade Name of Business: _____
 This application is for a Class "A" License "Class A" License
 Which is a New Application Renewal Application Change of Licensed Premises

OPERATIONAL PLAN

All applicants shall submit a Security/Operational Plan at the time of application. This will assist staff in reviewing the application.

Are there any changes in the premises (See question 12), security, or operation at this location since last year? Yes No
Please list changes _____

2. Who will conduct the actual sale of the alcohol? This is the transaction where the patron hands the money to the cashier after reviewing the patron's identification. The purchase of alcohol is defined when the money is exchanged, not when the merchandise is scanned at the register.
 Only employees/family members over the age of 18 Only a Licensed Operator on the premises
 Only employees/family members over the age of 21 Other – please explain
 This is the transaction where the patron hands the money to the cashier after reviewing the patron's identification.

3. Describe area where alcohol beverages are to be sold:

Will alcohol sale occur at a self-checkout register? Yes No
If yes, explain how patron's age is verified. _____

4. Describe area where alcohol beverages are to be stored:

5. Describe the locations in the store where alcohol will be displayed. Specify if near any entrance/exit areas of the establishment and the type of structure that will be used for the display. i.e. temporary/permanent shelving, rolling shelf, pallet, etc

6. What is the parking lot capacity for your building? # of Regular Stalls _____ # of Handicap Stalls _____

7. Is a Fire Lane clearly marked for your parking lot? Yes No
What provisions will be in place to assure the Fire Lane remains clear of parked vehicles?

8. Are there arrangements in place to use a neighboring property's parking lot for overflow parking? Yes No
If "yes" please list that property and the contact person.

Include a scaled plan showing locations of activity areas, seating area with type of seating. Also show entrances and exits and any temporary and/or permanent structures (including amplifying devices/speakers/stage). Identify all areas that will be used for alcohol sales, storage, and display. Indicate on the plan where alcohol beverages will be stored, served and sold.

9. Does the establishment/corporation have a policy to train employees in the sale of alcohol? Yes No
Please explain the policy or attach a copy of that section of the policy.

How often is the policy reviewed by the management and employees? _____

10. Will there be persons under the age of 21 on the premises during the time of sales/operation? Yes No
If "yes", in what area of the premises will they be allowed during business hours? _____

11. Explain how the applicant will handle the following or attach a copy of that section of your Employee Manual.
 Control of the alcohol area and alcohol displays between the hours of 8am and 9pm.

Clearance of the alcohol area and alcohol displays between the hours of 9pm and 8am.

Explain what other locations in the store where alcohol will be displayed. Specify if near any entrance/exit areas of the establishment and the type of structure that will be used for the display. i.e. temporary/permanent shelving, rolling shelf, pallet, etc

Unruly patrons

Patrons who are intoxicated and want to purchase alcohol

Patrons presenting false ID's

Prevention of theft of alcohol products. What security measures are in place to prevent theft? Include description of video surveillance and loss prevention program/staff.

Control and supervision of patrons under the age of twenty-one (21) in the alcohol display and storage areas

The circumstances under which the police should be called

12. Have there been changes to the premise, areas of sale/service/storage since last year? ___ Yes ___ No
Please list changes _____

13. Is this a Temporary Change of Premises for a onetime event? ___ Yes ___ No
What is the onetime event? _____
What are the dates of the event? _____
Please provide additional information below concerning the event and changes to the premises.

Please provide any additional information that may be necessary in the review of this application.

↓ THIS AREA USED FOR CHANGE OF LICENSED PREMISES REQUESTS ONLY ↓

OFFICE USE ONLY- Application and fees accepted by MS / AL / EH / _____ Date ____/____/20____

FEES: Change of Licensed Premises \$25.00 + \$7.00 Background check if any applicants are added

Total Fees collected: \$ _____

In regards to the issuance of this license, the Sun Prairie Police Department:
____ has no objection.
____ does have an objection which is detailed, with a recommendation, in the attached report.
____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____

Signature of Police Chief or his/her designee DATE

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of SUN PRAIRIE County of Dane
 City

The undersigned duly authorized officer(s)/members/managers of _____
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as _____
(trade name)

located at _____

appoints _____
(name of appointed agent)

_____ *(home address of appointed agent)*

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _____

Place of residence last year _____

For: _____
(name of corporation/organization/limited liability company)

By:  _____
(signature of Officer/Member/Manager)

And:  _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, _____, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 _____ Agent's age _____
(signature of agent) *(date)*

_____ Date of birth _____
(home address of agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) *(signature of proper local official)* *(town chair, village president, police chief)*



OFFICE OF THE CITY CLERK

300 East Main Street
 Sun Prairie, WI 53590-2227
 OFFICE (608) 837-2511
 FAX (608) 825-6879
 Website www.cityofsunprairie.com

ESTABLISHMENT LICENSE - APPLICANT INFORMATION – PAGE 1

APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____ If "NO" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____	
CITY							
STATE / ZIP							
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

If you have none, Initial Here _____

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

If you have not lived anywhere else besides your current address in the last 5 years, Initial Here _____

DATE	ADDRESS	CITY/STATE

Please include a copy of your driver's license or state issued identification card with the application and required fees.

ESTABLISHMENT LICENSE - APPLICANT INFORMATION – PAGE 2

Are you an Agent for the establishment?..... Yes No
Are you an officer/member for the establishment?..... Yes No
Have you attended the Beverage Servers Training Course in the past two years?..... Yes No
Have you held an Operator's License in the past two years?..... Yes No

If so please specify the municipality/city _____

Have you ever had an Establishment, Operator's or any type of Alcohol License suspended, revoked or denied in this or any other municipality? No Yes If YES, please specify municipality/city _____

Name of employer/business/organization you are also an agent/officer/member of? _____

TO: CITY COUNCIL OF THE CITY OF SUN PRAIRIE, WISCONSIN,

I hereby apply for a license to serve or sell fermented malt beverages and/or intoxicating liquors, from date approved to June 30, of the licensing year applied for, inclusive unless sooner revoked, subject to the limitations imposed by the Wisconsin Statutes and City Ordinances and all acts amendatory thereof and supplementary thereto. And I hereby agree to comply with all laws, Resolutions, Ordinances and Regulations, Federal, State, or Local affecting the sale of such beverages and liquors if a license is granted to me. Yes No

I certify that I am over the age of eighteen, and that the completed statements are true and correct..... Yes No

Did you read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded..... Yes No

I also authorize a review of and full disclosure of any and all, including juvenile, records, files and reports, which include any police contact as well as arrests..... Yes No

Did you provide a copy of your driver's license or state issued identification card?..... Yes No

Printed Name Signature Date

OFFICE USE ONLY- Application and fees accepted by AL / MS / EH / ____ Date ____ / ____ / 20 ____

In regards to the issuance of this license, the Sun Prairie Police Department:

- _____ has no objection.
- _____ does have an objection which is detailed, with a recommendation, in the attached report.
- _____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____

Signature of Police Chief or his/her designee DATE



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Licensing Guidelines

These Guidelines are created to advise applicants of the licensing procedures under Chapter 5 of the Sun Prairie Municipal Code. A complete copy of Chapter 5 is available through the City's website. Generally, the duties of city staff are as follows:

1. To receive applications and collect all fees associated with the license/permit.
2. To investigate all license applications required by Chapter 5 of the Municipal Code and the Wisconsin Statutes.
 - a. The city clerk provides copies of each application for a license, including renewal of existing licenses, to the chief of police or his/her designee and other departments as necessary.
 - b. The city departments review each application and conduct any other appropriate investigation for the purpose of determining whether the department has any objection to the issuance of the requested license.
 - c. The city departments will submit its recommendation in writing to the city clerk stating whether the department has any objection to the issuance of the license or permit and, if it does, the basis for the objection.
3. The city clerk will prepare a report with the department's recommendation to the City Council or the Alcohol License Review Board whenever required. If application is recommended for denial, the city clerk shall notify the applicant and give notification of the appeal process. The Common Council shall receive a copy of the denial letter.
4. If the recommendation is for approval, the city clerk will issue the license and/or permit in accordance with Chapter 5 of the Municipal Code and State Statues.

Applicants are reminded that possession of a city-issued license is a privilege, not a right. The City of Sun Prairie retains broad discretionary authority in denying or recommending the granting of license applications based on the guidelines contained herein, and each case will be considered on an individual basis.

If a decision is made to deny a license for which an individual has applied, staff is required to provide that individual with a written notification and reason for the denial. Denial of a license is considered final action unless the applicant appeals the decision.

FALSIFICATION OF APPLICATIONS

Any applicant(s) who materially falsifies an application for a license, including the omission of information, will not be eligible for a license and may not reapply for a license for a period of six (6) months from the date of denial of such application.

GUIDELINES:

The following guidelines were established by the City of Sun Prairie to help determine the circumstances under which applicants may be eligible for the issuance of certain licenses. Deviation from these guidelines may be allowed if mitigating circumstances are documented and explained by the applicant.

In addition to the qualifications below, each applicant must comply with, and be eligible to hold the license applied for under the applicable state statute or local ordinance.

A. Alcohol Related Licenses

Individuals who hold an alcohol related license (premises, regular, provisional or temporary) hold a position of trust with the city and, consequently, must act in cooperation with law enforcement to insure that alcohol-related laws are enforced. Applications from individuals with a past history of negative or uncooperative contacts with police agencies will be given heightened scrutiny.

CATEGORY I.

Any applicant who has been convicted of, released from incarceration in a federal or state prison system or county jail, or released from parole or probation status for any an offense substantially related to the license sought within the last one (1) year will not be eligible for a license unless the applicant can show evidence of rehabilitation. Such offenses include, but are not limited to the following:

- a. Violent offenses against the person of another, including but not limited to homicide, aggravated battery, sexual assault, injury by negligent use of a weapon, injury by negligent use of a vehicle, or injury by intoxicated use of a vehicle.
- b. Offenses involving cooperation with law enforcement officials including but not limited to, any offense of false alarms, obstructing a police officer, harassment of a police officer, resisting arrest, bribery of public officers or employees, misconduct in public office, perjury, false swearing, assault by prisoner, escape from custody, bail jumping or bomb scares.
- c. Offenses involving dishonesty, theft or misappropriation of funds, including but not limited to, burglary, entry into a locked vehicle, theft, fraud on hotel or restaurant keeper, issue of more than one worthless check, receiving or transferring stolen property, loan sharking, robbery, forgery and retail theft.
- d. Offenses involving children, including but not limited to, any abuse of children, sexual assault to a child, contributing to the delinquency of a minor, receiving stolen property from children, selling drugs to children, or any crime involving child pornography.
- e. Drug-related felony offenses, including but not limited to, any offense involving the sale of narcotics or other controlled substances, whether to adults or juveniles.

CATEGORY II.

Any applicant who has been convicted of, released from incarceration in a federal or state prison system or county jail, or released from parole or probation status for any of the following offenses within the last one (1) year will not be eligible for a beverage operator's license unless the applicant can show evidence of rehabilitation:

- a. Alcohol beverage offenses, including but not limited to, sale of alcohol beverages without a license

or permit, furnishing alcoholic beverages to underage persons, furnishing alcoholic beverages to intoxicated persons, or any other violation of Chapter 125 of the Wisconsin Statutes or a local ordinance enacted in conformity therewith.

- b. Drug related misdemeanor or municipal ordinance offenses.

However, the furnishing of alcoholic beverages to an underage individual, unless the licensee has committed two (2) such violations within one (1) year, shall not be a reason for a denial of a license.

CATEGORY III.

Any applicant who has had two or more convictions within the last three (3) years for any offense in the following subcategories will not be eligible for a license unless the applicant can show evidence of rehabilitation:

- a. Operating a motor vehicle while under the influence of intoxicating beverages or drugs.
- b. Operating a motor vehicle with a Prohibited Alcoholic Content (PAC) in excess of .08% by weight.
- c. Open intoxicants in public places or in a motor vehicle.

CATEGORY IV.

Any applicant who has a history of violations/convictions not specifically identified above that would lead a reasonable person to believe or conclude that the applicant is a habitual law offender, shall not be eligible for a license unless the applicant can show evidence of rehabilitation. The police department shall consult with the city attorney prior to a recommended denial reference this paragraph.

For the purposes of these Guidelines, a habitual law offender includes, but is not limited to a person who has committed:

1. Two (2) or more offenses, each a separate incident, within the immediately preceding six (6) months.
2. Three (3) or more offenses, each a separate incident, within the immediately preceding two (2) years.
3. Six (6) or more offenses, each a separate incident, within the preceding ten (10) years.

B. Other Chapter 5 Licenses (taxis, solicitors, vending, etc...)

CATEGORY I. Any applicant who has been convicted of, released from incarceration in a federal or state prison system or county jail, or released from parole or probation status for any offense within the last one (1) year in the following subcategories will not be eligible for a license unless the applicant can show evidence of rehabilitation:

- a. Violent offenses against the person of another, including but not limited to homicide, aggravated battery, sexual assault, injury by negligent use of a weapon, injury by negligent use of a vehicle, or injury by intoxicated use of a vehicle.
- b. Offenses involving cooperation with law enforcement officials including but not limited to, any offense of false alarms, obstructing a police officer, harassment of a police officer, resisting arrest, bribery of public officers or employees, misconduct in public office, perjury, false swearing, assault

by prisoner, escape from custody, bail jumping or bomb scares.

- c. Offenses involving dishonesty, theft or misappropriation of funds, including but not limited to, any felony, misdemeanor, or ordinance violation for burglary, entry into a locked vehicle, theft, fraud on hotel or restaurant keeper, issue of more than one worthless check, receiving or transferring stolen property, loan sharking, robbery, forgery and retail theft.
- d. Offenses involving children, including but not limited to, any abuse of children, sexual assault to a child, contributing to the delinquency of a minor, receiving stolen property from children, selling drugs to children, or any crime involving child pornography.
- e. Drug-related felony offenses, including but not limited to, any offense involving the sale of narcotics or other controlled substances, whether to adults or juveniles.

CATEGORY II.

Any applicant will not be eligible for a license that has a drug related misdemeanor or municipal ordinance offenses within the last three (3) years unless the applicant can show evidence of rehabilitation.

CATEGORY III.

Any applicant who has a history of violations/convictions not specifically identified above that would lead a reasonable person to believe that the applicant is a habitual law offender as defined above, shall not be eligible for a license unless the applicant can show evidence of rehabilitation. The police department shall consult the city attorney prior to a recommended denial in reference to this paragraph.

QUESTIONS

Questions regarding this process may be directed to either the City Clerk or the City Attorney's office.

Drafted: 03/19/2013
Revised: 07/31/2018
Approved: 08/07/2018 (Potentially)



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ESTABLISHMENT LICENSE - APPLICANT INFORMATION – PAGE 1

APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____ If "NO" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____	
CITY							
STATE / ZIP							
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

If you have none, Initial Here _____

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

If you have not lived anywhere else besides your current address in the last 5 years, Initial Here _____

DATE	ADDRESS	CITY/STATE

Please include a copy of your driver's license or state issued identification card with the application and required fees.

ESTABLISHMENT LICENSE - APPLICANT INFORMATION – PAGE 2

Are you an Agent for the establishment?..... Yes No
Are you an officer/member for the establishment?..... Yes No
Have you attended the Beverage Servers Training Course in the past two years?..... Yes No
Have you held an Operator's License in the past two years?..... Yes No

If so please specify the municipality/city _____

Have you ever had an Establishment, Operator's or any type of Alcohol License suspended, revoked or denied in this or any other municipality? No Yes If YES, please specify municipality/city _____

Name of employer/business/organization you are also an agent/officer/member of? _____

TO: CITY COUNCIL OF THE CITY OF SUN PRAIRIE, WISCONSIN,

I hereby apply for a license to serve or sell fermented malt beverages and/or intoxicating liquors, from date approved to June 30, of the licensing year applied for, inclusive unless sooner revoked, subject to the limitations imposed by the Wisconsin Statutes and City Ordinances and all acts amendatory thereof and supplementary thereto. And I hereby agree to comply with all laws, Resolutions, Ordinances and Regulations, Federal, State, or Local affecting the sale of such beverages and liquors if a license is granted to me. Yes No

I certify that I am over the age of eighteen, and that the completed statements are true and correct..... Yes No

Did you read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded..... Yes No

I also authorize a review of and full disclosure of any and all, including juvenile, records, files and reports, which include any police contact as well as arrests..... Yes No

Did you provide a copy of your driver's license or state issued identification card?..... Yes No

Printed Name Signature Date

OFFICE USE ONLY- Application and fees accepted by AL / MS / EH / ____ Date ____ / ____ / 20 ____

In regards to the issuance of this license, the Sun Prairie Police Department:

_____ has no objection.

_____ does have an objection which is detailed, with a recommendation, in the attached report.

_____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____

Signature of Police Chief or his/her designee DATE



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Website www.cityofsunprairie.com

Licensing Guidelines

These Guidelines are created to advise applicants of the licensing procedures under Chapter 5 of the Sun Prairie Municipal Code. A complete copy of Chapter 5 is available through the City's website. Generally, the duties of city staff are as follows:

1. To receive applications and collect all fees associated with the license/permit.
2. To investigate all license applications required by Chapter 5 of the Municipal Code and the Wisconsin Statutes.
 - a. The city clerk provides copies of each application for a license, including renewal of existing licenses, to the chief of police or his/her designee and other departments as necessary.
 - b. The city departments review each application and conduct any other appropriate investigation for the purpose of determining whether the department has any objection to the issuance of the requested license.
 - c. The city departments will submit its recommendation in writing to the city clerk stating whether the department has any objection to the issuance of the license or permit and, if it does, the basis for the objection.
3. The city clerk will prepare a report with the department's recommendation to the City Council or the Alcohol License Review Board whenever required. If application is recommended for denial, the city clerk shall notify the applicant and give notification of the appeal process. The Common Council shall receive a copy of the denial letter.
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Applicants are reminded that possession of a city-issued license is a privilege, not a right. The City of Sun Prairie retains broad discretionary authority in denying or recommending the granting of license applications based on the guidelines contained herein, and each case will be considered on an individual basis.

If a decision is made to deny a license for which an individual has applied, staff is required to provide that individual with a written notification and reason for the denial. Denial of a license is considered final action unless the applicant appeals the decision.

FALSIFICATION OF APPLICATIONS

Any applicant(s) who materially falsifies an application for a license, including the omission of information, will not be eligible for a license and may not reapply for a license for a period of six (6) months from the date of denial of such application.

GUIDELINES:

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In addition to the qualifications below, each applicant must comply with, and be eligible to hold the license applied for under the applicable state statute or local ordinance.

A. Alcohol Related Licenses

Individuals who hold an alcohol related license (premises, regular, provisional or temporary) hold a position of trust with the city and, consequently, must act in cooperation with law enforcement to insure that alcohol-related laws are enforced. Applications from individuals with a past history of negative or uncooperative contacts with police agencies will be given heightened scrutiny.

CATEGORY I.

Any applicant who has been convicted of, released from incarceration in a federal or state prison system or county jail, or released from parole or probation status for any an offense substantially related to the license sought within the last one (1) year will not be eligible for a license unless the applicant can show evidence of rehabilitation. Such offenses include, but are not limited to the following:

- a. Violent offenses against the person of another, including but not limited to homicide, aggravated battery, sexual assault, injury by negligent use of a weapon, injury by negligent use of a vehicle, or injury by intoxicated use of a vehicle.
- b. Offenses involving cooperation with law enforcement officials including but not limited to, any offense of false alarms, obstructing a police officer, harassment of a police officer, resisting arrest, bribery of public officers or employees, misconduct in public office, perjury, false swearing, assault by prisoner, escape from custody, bail jumping or bomb scares.
- c. Offenses involving dishonesty, theft or misappropriation of funds, including but not limited to, burglary, entry into a locked vehicle, theft, fraud on hotel or restaurant keeper, issue of more than one worthless check, receiving or transferring stolen property, loan sharking, robbery, forgery and retail theft.
- d. Offenses involving children, including but not limited to, any abuse of children, sexual assault to a child, contributing to the delinquency of a minor, receiving stolen property from children, selling drugs to children, or any crime involving child pornography.
- e. Drug-related felony offenses, including but not limited to, any offense involving the sale of narcotics or other controlled substances, whether to adults or juveniles.

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- a. Alcohol beverage offenses, including but not limited to, sale of alcohol beverages without a license

or permit, furnishing alcoholic beverages to underage persons, furnishing alcoholic beverages to intoxicated persons, or any other violation of Chapter 125 of the Wisconsin Statutes or a local ordinance enacted in conformity therewith.

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However, the furnishing of alcoholic beverages to an underage individual, unless the licensee has committed two (2) such violations within one (1) year, shall not be a reason for a denial of a license.

CATEGORY III.

Any applicant who has had two or more convictions within the last three (3) years for any offense in the following subcategories will not be eligible for a license unless the applicant can show evidence of rehabilitation:

- a. Operating a motor vehicle while under the influence of intoxicating beverages or drugs.
- b. Operating a motor vehicle with a Prohibited Alcoholic Content (PAC) in excess of .08% by weight.
- c. Open intoxicants in public places or in a motor vehicle.

CATEGORY IV.

Any applicant who has a history of violations/convictions not specifically identified above that would lead a reasonable person to believe or conclude that the applicant is a habitual law offender, shall not be eligible for a license unless the applicant can show evidence of rehabilitation. The police department shall consult with the city attorney prior to a recommended denial reference this paragraph.

For the purposes of these Guidelines, a habitual law offender includes, but is not limited to a person who has committed:

1. Two (2) or more offenses, each a separate incident, within the immediately preceding six (6) months.
2. Three (3) or more offenses, each a separate incident, within the immediately preceding two (2) years.
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B. Other Chapter 5 Licenses (taxis, solicitors, vending, etc...)

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CATEGORY II.

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CATEGORY III.

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QUESTIONS

Questions regarding this process may be directed to either the City Clerk or the City Attorney's office.

Drafted: 03/19/2013
Revised: 07/31/2018
Approved: 08/07/2018 (Potentially)



OFFICE OF THE CITY CLERK

300 East Main Street
 Sun Prairie, WI 53590-2227
 OFFICE (608) 837-2511
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ESTABLISHMENT LICENSE - APPLICANT INFORMATION – PAGE 1

APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____ If "NO" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____	
CITY							
STATE / ZIP							
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

If you have none, Initial Here _____

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

If you have not lived anywhere else besides your current address in the last 5 years, Initial Here _____

DATE	ADDRESS	CITY/STATE

Please include a copy of your driver's license or state issued identification card with the application and required fees.

ESTABLISHMENT LICENSE - APPLICANT INFORMATION – PAGE 2

- Are you an Agent for the establishment?..... Yes No
 Are you an officer/member for the establishment?..... Yes No
 Have you attended the Beverage Servers Training Course in the past two years?..... Yes No
 Have you held an Operator's License in the past two years?..... Yes No

If so please specify the municipality/city _____

Have you ever had an Establishment, Operator's or any type of Alcohol License suspended, revoked or denied in this or any other municipality? No Yes If YES, please specify municipality/city _____

Name of employer/business/organization you are also an agent/officer/member of? _____

TO: CITY COUNCIL OF THE CITY OF SUN PRAIRIE, WISCONSIN,

I hereby apply for a license to serve or sell fermented malt beverages and/or intoxicating liquors, from date approved to June 30, of the licensing year applied for, inclusive unless sooner revoked, subject to the limitations imposed by the Wisconsin Statutes and City Ordinances and all acts amendatory thereof and supplementary thereto. And I hereby agree to comply with all laws, Resolutions, Ordinances and Regulations, Federal, State, or Local affecting the sale of such beverages and liquors if a license is granted to me. Yes No

I certify that I am over the age of eighteen, and that the completed statements are true and correct..... Yes No

Did you read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded..... Yes No

I also authorize a review of and full disclosure of any and all, including juvenile, records, files and reports, which include any police contact as well as arrests..... Yes No

Did you provide a copy of your driver's license or state issued identification card?..... Yes No

 Printed Name Signature Date

OFFICE USE ONLY- Application and fees accepted by AL / MS / EH / ____ Date ____ / ____ / 20 ____

In regards to the issuance of this license, the Sun Prairie Police Department:

- _____ has no objection.
- _____ does have an objection which is detailed, with a recommendation, in the attached report.
- _____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____

 Signature of Police Chief or his/her designee DATE



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STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____ If "NO" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____	
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CATEGORY I. Any applicant who has been convicted of, released from incarceration in a federal or state prison system or county jail, or released from parole or probation status for any offense within the last one (1) year in the following subcategories will not be eligible for a license unless the applicant can show evidence of rehabilitation:

- a. Violent offenses against the person of another, including but not limited to homicide, aggravated battery, sexual assault, injury by negligent use of a weapon, injury by negligent use of a vehicle, or injury by intoxicated use of a vehicle.
- b. Offenses involving cooperation with law enforcement officials including but not limited to, any offense of false alarms, obstructing a police officer, harassment of a police officer, resisting arrest, bribery of public officers or employees, misconduct in public office, perjury, false swearing, assault

by prisoner, escape from custody, bail jumping or bomb scares.

- c. Offenses involving dishonesty, theft or misappropriation of funds, including but not limited to, any felony, misdemeanor, or ordinance violation for burglary, entry into a locked vehicle, theft, fraud on hotel or restaurant keeper, issue of more than one worthless check, receiving or transferring stolen property, loan sharking, robbery, forgery and retail theft.
- d. Offenses involving children, including but not limited to, any abuse of children, sexual assault to a child, contributing to the delinquency of a minor, receiving stolen property from children, selling drugs to children, or any crime involving child pornography.
- e. Drug-related felony offenses, including but not limited to, any offense involving the sale of narcotics or other controlled substances, whether to adults or juveniles.

CATEGORY II.

Any applicant will not be eligible for a license that has a drug related misdemeanor or municipal ordinance offenses within the last three (3) years unless the applicant can show evidence of rehabilitation.

CATEGORY III.

Any applicant who has a history of violations/convictions not specifically identified above that would lead a reasonable person to believe that the applicant is a habitual law offender as defined above, shall not be eligible for a license unless the applicant can show evidence of rehabilitation. The police department shall consult the city attorney prior to a recommended denial in reference to this paragraph.

QUESTIONS

Questions regarding this process may be directed to either the City Clerk or the City Attorney's office.

Drafted: 03/19/2013
Revised: 07/31/2018
Approved: 08/07/2018 (Potentially)



Include a copy of:
 Wisconsin Seller's Permit

AMUSEMENT / VENDING / ENTERTAINMENT MACHINE APPLICATION

NOTE: Please complete this application in its entirety and file with the Sun Prairie City Clerk, at the above address.

FEES:	Vending machine fees -	\$20/machine
LATE FEES:	If application completed after April 15 -	\$10/machine
	If application completed after April 30 -	\$20/machine
Payments made after June 20 much be made with a credit card, certified check or cash.		

All licenses expire June 30 of each year.

It will be the responsibility of the establishment to pay fees on all machines at the time the application is submitted. A receipt will be issued for you to seek reimbursement from your vending company.

	CORPORATE, LLC, PARTNERSHIP OR SOLE PROPRIETORSHIP INFO	DOES THE BUSINESS OWN THE MACHINES? Yes___ No___ IF NOT, LIST OWNERS INFORMATION
NAME	_____	_____
ADDRESS	_____ _____	_____ _____
PHONE NUMBER	_____	_____
DBA NAME	_____	

DESCRIPTION AND QUANTITY OF EACH TYPE OF MACHINE:
 (example: amusement/pool or billiard table, shuffleboard table, entertainment, karaoke, jukebox, video rental)

TYPE OF AMUSEMENT DEVICE	NAME OF MACHINE	QUANTITY

ARE SUCH DEVICE (S) LOCATED ON A PREMISE LICENSED FOR THE SALE OF INTOXICATING LIQUORS AND/OR FERMENTED MALT BEVERAGES? Yes ___ No ___ Please indicate what type of license is held.

Class "A" License (Beer) "Class A" License (Intoxicating Liquor)
 Class "B" License (Beer) "Class B" License (Intoxicating Liquor)

I HEREBY APPLY FOR AN AMUSEMENT/ENTERTAINMENT MACHINE, POOL AND BILLIARD ROOM LICENSE FROM DATE HEREOF TO JUNE 30 OF THE FOLLOWING YEAR, INCLUSIVE UNLESS SOONER REVOKED. I HEREBY AGREE TO COMPLY WITH ALL FEDERAL, STATE, OR LOCAL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS THAT APPLY TO LICENSES FOR THESE MACHINES. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

APPLICANT: _____

OWNER / AGENT / MANAGER SIGNATURE DATE

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

INCLUDE A COPY OF YOUR:
- Wisconsin Seller's Permit
&
- FEIN

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered - 6/30/2020
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship)			Federal Employer Identification No. (FEIN)	
Trade or Business Name (if different than Legal Name)			Telephone Number ()	
Business Address (License Location)		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
Municipality	State	Zip Code	County	
Mailing Address (if different than Business Address)			Municipality	State Zip Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

Cigarette and Tobacco License Fee \$100

Date received _____

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
\$25 - Late fee if filed after April 15



APPLICATION FOR A NIGHTCLUB LICENSE

This application is for a New Application Renewal Application

APPLICANT INFORMATION

1. Trade Name of Business: _____
Business Address _____
Business Phone Number _____

What type of Liquor License is held by this premises?

"Class B" Intoxicating Class "B" Fermented Class "C" Wine

2. Contact Information for the Agent of the Alcohol License Licensed Premises:

Name:: _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Email _____
Home Phone Number _____ Cellphone _____ Business Phone _____

Please attach a copy of Agent's Driver License

3. Name of Corporation/LLC/Partnership/Individual for the Business:

Corporation/LLC/Partnership/Individual Address _____
Phone Number _____ Cellphone of contact _____

4. Contact Information for each officer of the Corporation/LLC/Partnership/:

Name:: _____ Corporate Position: _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Email _____
Home Phone Number _____ Cellphone _____ Business Phone _____

Please attach a copy of Driver License

Name:: _____ Corporate Position: _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Email _____
Home Phone Number _____ Cellphone _____ Business Phone _____

Please attach a copy of Driver License

Name:: _____ Corporate Position: _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Email _____
Home Phone Number _____ Cellphone _____ Business Phone _____

Please attach a copy of Driver License

Name:: _____ Corporate Position: _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Email _____
Home Phone Number _____ Cellphone _____ Business Phone _____

Please attach a copy of Driver License

SECURITY/OPERATIONAL PLAN

All Nightclub License applicants shall submit a Security/Operational Plan at the time of application. Please see Section 5.10 H of City Ordinances for requirements of the Security/Operational Plan.

14. Who will provide security for the event?
 Employees Private firm City Law Enforcement Services County Law Enforcement Services

If private security will be used, provide the name/address/contact information of the agency that will be used:

Business Name:: _____

Address _____ City _____ State _____ Zip _____

Contact Persons Name _____

Email _____

Home Phone Number _____ Cellphone _____ Business Phone _____

15. How will the security personnel be utilized? (ID verification/crowd control/patrol parking lot – explain in detail)

16. Will there be persons under the age of 21 on the premises during the time of the event? Yes No

If “yes”, in what area of the premises will they be allowed during the event(s)? _____

17. Explain how the applicant will handle issues regarding:

control and clearance of the parking lot during hours of operation and at closing time

unruly patrons

patrons who are intoxicated

patrons presenting false ID's

control and supervision of patrons under the age of twenty-one (21)

the circumstances under which the police should be called

how physical disturbances (including fights) will be handled

18. Who will be the designated the contact person for security concerns: _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Email _____ Business Phone _____

Home Phone Number _____ Cellphone _____ Event Day Phone Number _____

19. How many security personnel will be working at the events? _____
20. How will the security personnel be identified? (tee shirts/badges) _____
21. The security plan shall provide by name, date of birth, driver's license or state identification, and position the individuals who are employed by the establishment to provide security. Please list this information.
Do you understand that it is necessary to update this information with the Sun Prairie Police Department if there are security personnel changes during the year? Yes No

Name:: _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Home Phone Number _____ Cellphone _____
 Please attach a copy of Driver License

Name:: _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Home Phone Number _____ Cellphone _____
 Please attach a copy of Driver License

Name:: _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Home Phone Number _____ Cellphone _____
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 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Home Phone Number _____ Cellphone _____
 Please attach a copy of Driver License

Name:: _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Home Phone Number _____ Cellphone _____
 Please attach a copy of Driver License

Please provide any additional information that may be necessary in the review of this application.

I certify that all information provided on this form is true and correct. I have been provided a copy of City Ordinance Section 5.10 pertaining to this license for the City of Sun Prairie. Furthermore, I am familiar with the State of Wisconsin Statutes pertaining to Liquor Licenses and I hereby agree, if granted said permit, to obey all provisions of said laws. I agree to comply with all applicable building, electrical and plumbing codes. I hereby authorize employees of the City of Sun Prairie to obtain information and records from law enforcement agencies, or other sources, to verify the information contained in this application. If there is a change to any information on this form during the year, I understand it is my responsibility to update the information.

Signature of Agent

Date



DO YOU NEED TO CONTACT ANY OF THE FOLLOWING DEPARTMENTS?

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Assistant Administrator
Insurance requirements | 825-1193 | <input type="checkbox"/> Parks and Recreation
City park usage | 825-3449 |
| <input type="checkbox"/> Office of the City Clerk
Alcohol License Application
Fireworks Permit Application
File Transient/Temp Entertainment Application | 837-2511 | <input type="checkbox"/> Police Department
Security
Overall event activities | 837-7336 |
| <input type="checkbox"/> Building Inspection
Amusement ride inspection
Any temporary/permanent structure inspection
Noise level concerns/measurements | 825-1184 | <input type="checkbox"/> Public Works Department
Barricades
Street closures | 837-3050 |
| <input type="checkbox"/> Emergency Medical Services
Provide Emergency Medical Services | 837-3604 | <input type="checkbox"/> Angell Park Speedway
Angell Park usage | 837-5066 |
| <input type="checkbox"/> Fire Department
Provide Fire Services | 837-5066 | <input type="checkbox"/> Dane County Health Department
Food service inspection | 242-6515 |



For office use only:

**Nightclub License Fees: \$100
Plus \$7 for each background check**

Date received ___/___/___

Received by: _____

Other Licenses/Permits Required/Applied For? Yes No _____

Copies sent for review to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Building Inspection | <input type="checkbox"/> City Attorney |
| <input type="checkbox"/> Finance Office | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Planning Department |
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Public Works | <input type="checkbox"/> EMS |
| <input type="checkbox"/> ALRB | <input type="checkbox"/> _____ | |

Referred to:

ALRB ___/___/___

Common Council ___/___/___

Recommended Approval Denial

Recommended Approval Denial

Permit issued effective: ___/___/___ to ___/___/___

Fees received ___/___/___

Received by: _____