

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 09-01-2008 ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Manitowoc  
 Village of }  
 City of }

County of Manitowoc Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>85-064552</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$ <u>100.00</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Bartow, Brandon Gerald Brix Place, LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Bartow</u>	<u>Brandon</u>	<u>Gerald</u>	<u>5920 City Roads Manitowoc, WI 54220</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Bartow</u>	<u>Keegan</u>	<u>Joseph</u>	<u>5920 City Rd LS Manitowoc, WI 54220</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Brix Place, LLC Business Phone Number 920-374-0393  
2. Address of Premises 939 S. 8th St. Post Office & Zip Code Manitowoc 54220

3. 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.)  
The building @ 939 S. 8th street will have alcohol storage on the first floor & basement.  
Consumed on first floor

4. Legal description (omit if street address is given above): \_\_\_\_\_  
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? .....  Yes  No  
(b) If yes, under what name was license issued? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain .....  Yes  No
9. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 4/3/2020 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain.  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

**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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) <u>Bartow, Brandon G.</u>	Title/Member <u>Owner</u>	Date <u>06-29-2020</u>
Signature <u>[Signature]</u>	Phone Number <u>720-374-0323</u>	Email Address <u>brandon@brixplace.com</u>

**TO BE COMPLETED BY CLERK**

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

License Number: \_\_\_\_\_

# "CLASS B" INTOXICATING LIQUOR LICENSE BUSINESS PLAN

- Business Plan must be submitted to the Clerk's Office with any Original Application
- The Finance Committee will review the application and make a recommendation
- Council will act on the application

## APPLICANT INFORMATION

Applicant (Name of Corporation, LLC, Partnership, etc.): Brix Place, LLC.

Trade Name: Brix Phone Number: 920-374-0323

Address of Establishment: 939 S. 8th St. Manitowoc, WI 54220

Agent or Owner of Establishment: Brandon Bartow

## BUSINESS DESCRIPTION

Predicted Open Date: September 30, 2020

Predicted Date the Business will be ready for Inspection: September 15th

Brief Description of the Business: We will be a bar/restaurant serving burgers, flat breads, hand-cut fries & other appetizers.

**\*\*Attach an additional sheet or use the back of this form if more space is needed\*\***

Any additional information you wish to include: We plan to serve wine, tap & bottled beer, mixed drinks, blended drinks & espresso.

## SIGNATURE OF AGENT OR REPRESENTATIVE

[Signature]  
Signature of Agent or Owner of Establishment

06/29/2020  
Date

### Office Use Only

Date Received by Clerk's Office: \_\_\_\_\_

Approved

Common Council Date: \_\_\_\_\_

Denied

**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 Manitowoc County of Manitowoc  
City

The undersigned duly authorized officer(s)/members/managers of Brix Place, LLC  
(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 Brix Place, LLC  
(trade name)

located at 939 S. 9th St. Manitowoc, WI 54220

appoints Keegan Bartow  
(name of appointed agent)

5920 County Road LS, Manitowoc, WI 54220  
(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? 21 years

Place of residence last year SAME AS ABOVE

For: Brix Place, LLC  
(name of corporation/organization/limited liability company)

By: [Signature]  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Keegan J. Bartow  
(print/type agent's name), hereby accept this appointment as agent for the 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.

[Signature] 06-29-2020 Agent's age 21  
(signature of agent) (date)

5920 County Road LS, Manitowoc, WI 54220 Date of birth: 12-08-2000  
(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)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Bartow		Brandon		Gerald	
Home Address (street/route)		Post Office		City	
5920 County Road LS				Manitowoc	
				State	
				WI	
				Zip Code	
				54220	
Home Phone Number		Age		Date of Birth	
920-374-0323		45		01/02/1975	
				Place of Birth	
				Dodgeville, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Director of Brix Place, LLC

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

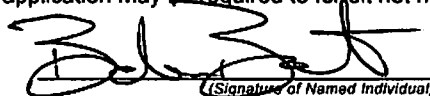
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 45 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? .....  Yes  No  
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? .....  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? .....  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
BJK of Manitowoc County	32 Albert Dr. Manitowoc, WI	10/10/1999	06/25/2020
Pekarske Builders	1408 Hwy H Road, Manitowoc	06/03/1996	10/09/1999

**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.

  
(Signature of Named Individual)

**SUPPLEMENT TO LICENSING APPLICATION**

- 1. Do you understand that a license may not be issued to any applicant with indebtedness for fermented malt beverages or intoxicating liquor pursuant to the timelines in Wisconsin law?  Yes  No
  
- 2. Do you understand that State Statutes do not provide for refunds of unused license fees?  Yes  No
  
- 3. Were you open for the minimum number of days throughout the licensing year? ("Class B" only)\*  Yes  No

*New place*

Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of his/her knowledge.

Brix Place, LLC.  
Print Name of Corporation/Partnership/Individual

939 S. 8<sup>th</sup> St. Manitowoc, WI  
Address of Licensed Premises

  
Signature of Corporate Agent, Partner or Individual

\* Reference Manitowoc Municipal Code section 11.010(12) for additional information

- Business name(s)
- Legal/real name of your business
- Type of change being made
- Federal Employer Identification Number (FEIN)
- Effective date of the change

**Business tax forms and assistance**

**During business hours:**

Call: (608) 266-2776

Email: [dorbusinessstax@revenue.wi.gov](mailto:dorbusinessstax@revenue.wi.gov)

**After business hours:**

Visit: [revenue.wi.gov](http://revenue.wi.gov)

Business tax forms, instructions, and publications are available for download on our website.



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

Letter ID L0914922896

BRANDON BARTOW  
 BRIX PLACE, LLC  
 939 S 8TH ST BLDG ONE  
 MANITOWOC WI 54220-4534

**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** BRIX PLACE, LLC  
**Business name:** BRIX PLACE, LLC  
 939 S 8TH ST  
 MANITOWOC WI 54220-4534

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030352877-02





WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

BRANDON BARTOW  
 BRIX PLACE, LLC  
 939 S 8TH ST BLDG ONE  
 MANITOWOC WI 54220-4534

Letter ID L1988664720



## Wisconsin Business Tax Registration Certificate

**Expiration date:** June 30, 2022  
**Legal/real name:** BRIX PLACE, LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1030352877-02
Local Exposition Tax	Local Exposition Tax	014-1030352877-04

The following is a list of the business locations that you have registered with the Department of Revenue.

456-1030352877-02  
BRIX PLACE, LLC  
BRIX PLACE, LLC  
939 S 8TH ST  
MANITOWOC WI 54220-4534



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

BRANDON BARTOW  
 BRIX PLACE, LLC  
 939 S 8TH ST BLDG ONE  
 MANITOWOC WI 54220-4534

Letter ID L1451793808



July 2, 2020

## Wisconsin Business Tax Registration

Thank you for registering with the Wisconsin Department of Revenue. We hope you enjoy a prosperous and rewarding future in your new business. In this letter, we provide you with information and services about your tax filing and payment responsibilities. Please keep this letter as a reference guide. We are here to serve you!

**Included in this packet**

- **Account information** - Your account information and details. See below.
- **Registration certificate** - Review the information on your certificate to make sure it's correct. See enclosed document.
- **Seller's permit** - This is required for every individual, partnership, corporation, or other organization making retail sales of taxable products and services in Wisconsin, unless all sales are exempt from sales or use tax. Your permit must be displayed at the place of business and is not valid at any other location. If your business is not operated from a fixed location, you must bring the personal wallet copy to all events. See enclosed document.
- **Form S-807** - You are required to file your returns electronically. See enclosed
- **Ownership changes** - A list of information needed if you plan to change ownership. See the "Did you make changes to your ownership" section for instructions.
- **Electronic filing requirement information** - This requirement takes effect within 90 days. See below.

**Account Information**

Type of Tax Account	Tax Account Number	Beginning Effective Date	Filing Frequency	First Return Due
Local Exposition Tax	014-1030352877-04	9/1/2020	Quarterly	11/2/2020
Sales & Use Tax	456-1030352877-02	9/1/2020	Quarterly	11/2/2020

## Account Details

### Sales and Use Tax

- Quarterly filing basis - Your tax return (Form ST-12) is due on the last day of the month following the quarter for which the return is being filed.
- You need to file a quarterly tax return, even if you don't have any sales and use tax to report during the quarter. If you don't file, we will send you an estimate of the tax.
- For questions about sales and use tax, view Publication 201, "Wisconsin Sales and Use Tax Information" located at [www.revenue.wi.gov](http://www.revenue.wi.gov) or call 608-266-1961 to order it.
- You are required to electronically file your sales and use tax returns beginning 90 days after receiving this letter, per Wisconsin administrative rule section 11.01. If the due date for your first return, listed on the first page of this letter, falls within the 90 days, you still need to file and pay by the due date. You can file this first return and payment electronically or by using our online form located at [www.revenue.wi.gov/salesanduse/](http://www.revenue.wi.gov/salesanduse/) and select Form ST-12 - Sales and Use Tax Return.

### Local Exposition Tax

- You are registered to collect one or more of the following local exposition tax types:
  - o Basic room tax
  - o Additional room tax
  - o Food and beverage tax
  - o Car rental tax
- Quarterly filing basis - Your tax return (Form EX-012) is due on the last day of the month following the end month of the quarter for which the return is being filed.
- You need to file Form EX-012, even if you don't have any local exposition tax to report during the quarter. If you don't file, we will send you an estimate of the tax.
- For questions about local exposition tax, view Publication 410, "Local Exposition Taxes", located at [www.revenue.wi.gov](http://www.revenue.wi.gov) or call 608-266-1961 to order it.
- You can file your returns and make your payments electronically using My Tax Account

### Electronic filing information

Many business tax returns and payments are required to be filed electronically. The requirement for each tax type is included in the "Account details" section above. Most business taxes are included in My Tax Account, the department's free online business tax system. It is available 24 hours a day, seven days a week and allows you to view your account information, file and amend returns, make payments and much more. You can register for My Tax Account at [tap.revenue.wi.gov](http://tap.revenue.wi.gov).

You may request a waiver if the e-filing requirement causes hardship for your business. Request a waiver in writing using the "Electronic Payment Waiver Request" (Form EFT-102) at [www.revenue.wi.gov/businesses](http://www.revenue.wi.gov/businesses) and select "Request an e-file waiver" under How Do I?

### Registration certificate

- Contains a list of all permits, licenses or certificates you registered for
- Confirms you are registered with the department for those tax types
- If you are authorized to sell alcoholic beverages, you must display this certificate at all times at the business location listed on your certificate
- This certificate is not transferable
- If you are operating from more than one business location, your registration certificate will list each business location on a second page attachment

### Did you make changes to your ownership?

If you change ownership of your business, your business name, your business address, or if you discontinue or sell your business, contact us:

#### Include the following information

- Account number(s) impacted by the change

# Electronically File Your Wisconsin Business Tax Returns

(All links below are available at [revenue.wi.gov](http://revenue.wi.gov) under *New Business Information at Starting a Business*)

The Wisconsin Department of Revenue (DOR) offers three electronic filing options: *My Tax Account*, File Transmission, and TeleFile. Certain filers are now required to file their tax returns electronically (secs. Tax 11.01 and 2.04, Wis. Adm. Code; see [revenue.wi.gov/Pages/OnlineServices/rule.aspx](http://revenue.wi.gov/Pages/OnlineServices/rule.aspx)). We encourage you to use one of the three electronic filing options listed below even if you are not required to file electronically. E-filing is free, accurate, and secure.

## DOR's Three Electronic Filing Options

### 1. *My Tax Account*

*My Tax Account* is our free online business tax system that allows you to view your account status, file and amend returns, make payments, and update your account information. It is simple, secure, and available 24 hours a day, seven days a week.

*My Tax Account* allows you to file original or amended tax returns and make payments for the following tax types:

- Sales and Use Taxes
- Withholding Tax
- Baseball Stadium District Taxes
- Local Exposition Taxes
- Premier Resort Area Tax
- Rental Vehicle Fee
- Dry Cleaning Fee
- Police and Fire Protection Fee

You can view and print copies of notices and correspondence you received, request extensions to file a return, and request a payment plan. You may also authorize your tax professional to manage your account.

To register, visit: [tap.revenue.wi.gov](http://tap.revenue.wi.gov).

### 2. File Transmission

File Transmission is a secure process that allows you to upload your tax returns in an electronic file over the Internet.

The File Transmission process is intended for users with technical expertise or access to software that creates XML files. It allows you to work offline until you are ready to submit securely over the Internet. You may also use file transmission to send Electronic Funds Transfer payments.

For more information, visit: [revenue.wi.gov/Pages/OnlineServices/file-home.aspx](http://revenue.wi.gov/Pages/OnlineServices/file-home.aspx)

### 3. TeleFile

TeleFile allows you to file and pay a sales and use or withholding tax return using a touch tone phone. TeleFile allows you to keep your tax account current without mailing a paper return.

Visit Sales and Use Tax TeleFile: [revenue.wi.gov/Pages/OnlineServices/e-sales.aspx](http://revenue.wi.gov/Pages/OnlineServices/e-sales.aspx)

Visit Withholding Tax TeleFile: [revenue.wi.gov/Pages/FAQS/lse-whtelefile.aspx](http://revenue.wi.gov/Pages/FAQS/lse-whtelefile.aspx)

## E-filing Waivers

We realize that electronic filing may not be possible in some situations. Administrative rules grant the Secretary of Revenue authority to waive the e-filing requirement if it causes an undue hardship for you or your business.

To request a waiver, complete Form EFT-102: [revenue.wi.gov/DORforms/eft-102f.pdf](http://revenue.wi.gov/DORforms/eft-102f.pdf). Include a clear explanation why the electronic filing requirement causes you an undue hardship.

Mail completed form to: Wisconsin Department of Revenue  
PO Box 8949  
Madison WI 53708-8949

## Questions?

If you have questions about electronic filing, please contact at [DORBusinessTax@wisconsin.gov](mailto:DORBusinessTax@wisconsin.gov) or (608) 266-2776.

# Sales and Use Tax and Withholding Tax Resources

(All links below are available at [revenue.wi.gov](http://revenue.wi.gov) under *New Business Information at Starting a Business*)

**Stay Informed!** You should be aware of changes in the tax laws, new interpretations, and court cases which may affect how you calculate and file your returns. The Department of Revenue offers a variety of helpful resources. Here are a few to get you started.

- The Department of Revenue's website, [revenue.wi.gov](http://revenue.wi.gov), is the first place you should look for tax help. You will find numerous ways to keep informed of changing tax laws, obtain necessary tax forms to conduct your business, and conveniently file your returns.
- **"Your Privileges And Obligations As A Seller"** are explained in Form S-203, which can be found at [revenue.wi.gov/DORforms/s-203.pdf](http://revenue.wi.gov/DORforms/s-203.pdf).

## Electronic Mailing Lists

Subscribe to one or several electronic mailing lists offered by the Department of Revenue. You will receive information and updates specific to the email list you subscribed to. To sign up for an email list, visit [revenue.wi.gov/Pages/HTML/lists.aspx](http://revenue.wi.gov/Pages/HTML/lists.aspx).

## Wisconsin Tax Bulletins

The *Wisconsin Tax Bulletin* is a quarterly publication that includes information about taxes administered by the Department of Revenue, including sales and use, income, franchise, and excise taxes. You will find information about new tax laws, interpretations of existing laws, and information about filing returns. It also provides summaries of major Wisconsin tax cases decided by the Wisconsin Tax Appeals Commission and the courts. To view the *Wisconsin Tax Bulletins*, visit [revenue.wi.gov/Pages/ISE/wtb-Home.aspx](http://revenue.wi.gov/Pages/ISE/wtb-Home.aspx).

## Tax Publications and Forms

Publications and forms for all tax types are available on the department's website. Some publications are specific to an industry type or common tax issue.

**Publications** – To view a complete list of publications, visit [revenue.wi.gov/Pages/HTML/taxpubs.aspx](http://revenue.wi.gov/Pages/HTML/taxpubs.aspx).

- **Publication 201, Wisconsin Sales and Use Tax Information:** [revenue.wi.gov/DOR%20Publications/pb201.pdf](http://revenue.wi.gov/DOR%20Publications/pb201.pdf)
- **Publication 229, Brackets for Collecting Wisconsin Sales or Use Tax on Retail Sales:**  
[revenue.wi.gov/DOR%20Publications/pb229.pdf](http://revenue.wi.gov/DOR%20Publications/pb229.pdf)
- **Publication W-166, Wisconsin Employer's Withholding Tax Guide:**  
[revenue.wi.gov/DOR%20Publications/pb166.pdf](http://revenue.wi.gov/DOR%20Publications/pb166.pdf)

**Forms** – To view a complete list of forms, visit [revenue.wi.gov/Pages/HTML/formpub.aspx](http://revenue.wi.gov/Pages/HTML/formpub.aspx).

- **Form S-211, Sales and Use Tax Exemption Certificate:** [revenue.wi.gov/DORforms/s-211f.pdf](http://revenue.wi.gov/DORforms/s-211f.pdf)
- **Form S-211-SST, Streamlined Sales and Use Tax Exemption Certificate (WI):**  
[revenue.wi.gov/DORforms/exemptcertf.pdf](http://revenue.wi.gov/DORforms/exemptcertf.pdf)
- **Form W-204 (WT-4), Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting:**  
[revenue.wi.gov/DORforms/w-204f.pdf](http://revenue.wi.gov/DORforms/w-204f.pdf)

## Sales and Use Tax Assistance

To view a complete list of sales and use tax topics, visit [revenue.wi.gov/Pages/SalesAndUse/Home.aspx](http://revenue.wi.gov/Pages/SalesAndUse/Home.aspx).

## Withholding Tax Assistance

To view a complete list of withholding tax topics, visit [revenue.wi.gov/Pages/Withholding/home.aspx](http://revenue.wi.gov/Pages/Withholding/home.aspx).



**State of Wisconsin • DEPARTMENT OF REVENUE**

**Personal Wallet Copy**

**Seller's Permit: 456-1030352877-02**

**Legal/Real Name: BRIX PLACE, LLC**

Signature

A handwritten signature in black ink, appearing to read 'Bob Bataw', written over a horizontal line.

**We are here to serve you**

**Wisconsin Department of Revenue  
PO Box 8902  
Madison, WI 53708-8902**

**Ph: 608-266-2776**

**Fax: 608-264-6884**

**Email: [dorbusinessstax@revenue.wi.gov](mailto:dorbusinessstax@revenue.wi.gov)**

**Web: [www.revenue.wi.gov](http://www.revenue.wi.gov)**

**Main office: 2135 Rimrock Rd., Madison**



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Bartow		Keegan		Joseph	
Home Address (street/route)		Post Office	City	State	Zip Code
5920 County Rd L5		Manitowoc	Manitowoc	WI	54220
Home Phone Number			Age	Date of Birth	Place of Birth
920-323-9225			21	12/08/1998	Manitowoc

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 21 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? .....  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? .....  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? .....  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Bartow Builders	32 Albert Dr. Manitowoc	06/2012	Present
Employer's Name	Employer's Address	Employed From	To
The Wharf of Manitowoc	606 Quay St. Manitowoc	06/01/2019	Present

**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.

  
(Signature of Named Individual)