

**APPLICATION FOR LICENSE TO SERVE
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS**

DATE: _____

I hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, for the period from July 1, _____ (or the date hereof whichever is later) to June 30, _____, inclusive (unless sooner revoked). Further, I hereby agree to comply with all Federal, State, or Local laws, resolutions, ordinances, and regulations affecting the sale of such Beverages and Liquors, if a License is granted to me.

I certify that I am 18 years of age or older, that I am a citizen of the United States; I have been a resident of the State of Wisconsin continuously since date _____; and of the town/village/city of name _____ continuously since date _____.

APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY (PLEASE PRINT).

1. Name: _____

First
Middle
Last

2. Address: _____ Phone No.: _____

_____ Day

_____ Evening

3. How long have you lived at this address? _____ years. If less than 10 years, please submit previous address(es) on reverse side.

4. Date of Birth: _____ Place of Birth _____

5. When _____ and where _____ did you complete the Responsible Beverage Servers course.

6. On the reverse side list the municipalities that have issued you an operator's license or other license to serve or sell alcohol beverages in the last 2 years.

7. Have you been convicted of a felony or misdemeanor for violation of any federal laws, any Wisconsin laws, any laws of any other states, or ordinances of any municipality; or since your previous application, are there any criminal charges presently pending against you?
 _____ NO _____ YES, Please explain fully on reverse side.

8. Have you been convicted of violating any license law or ordinance regulating the sale of Beverages or Intoxicating Liquors?
 _____ NO _____ YES, Please explain fully on reverse side.

Subscribed and sworn to before me this

_____ day of _____, 20 ____.

(Clerk/Notary Public)

Signature of Applicant

My commission expires _____.

Date Filed _____	Date Reported to Town Board _____
Date Approved _____	License No. _____

Additional Information

3. Previous address(es) during last 10 years and years of residence at each:

6. Municipalities that have issued you an operators or other alcoholic beverage license.

7. Felonies or Misdemeanors:

8. Alcohol sale-related convictions:
