

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors.

To the _____, Wis., _____,
of the _____ of _____,
Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, _____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and 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 be granted to me.

I certify that I am _____ years of age and do not have an arrest or conviction record to SS. 111.321, 111.322 and 111.335.

Birth Date _____.

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant _____
FIRST MIDDLE INITIAL LAST

Address of Applicant _____

Is application new or a renewal? _____

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? _____

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____

If so, where? _____

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?

Name and address of physician signing your health certificate filed herewith (if required) _____

Signature of Applicant

STATE OF WISCONSIN, }
_____ County. } ss

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all that statements made by the applicant are true.

Subscribed and sworn to before me this _____

Applicant sign here

day of _____,

Notary Public, _____ County, Wis.