

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

\_\_\_\_\_ New Applicant \_\_\_\_\_ Renewal \_\_\_\_\_  
Name of Establishment \_\_\_\_\_

Date \_\_\_\_\_, To the Town Board of the Town of West Bend, Wisconsin

I hereby apply for a License to serve, from date hereof to \_\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin State 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. Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**Answer the following questions fully and completely: (Please print)**

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Have you completed an approved responsible beverage server-training course? \_\_\_\_\_  
Date of completion \_\_\_\_\_ (attach certificate)

Have you been licensed in the Town of West Bend before? \_\_\_\_\_  
Date of most recent license \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? \_\_\_\_\_ If yes, 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 intoxication liquors? \_\_\_\_\_

State of Wisconsin, ss.  
Washington County

\_\_\_\_\_, being first duly sworn on oath says the (s)he is the person who made and signed the foregoing application for an operator's license; that all statements made by the applicant are true. False information given on this application may be grounds for denial.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### AUTHORIZATION OF CRIMINAL INFORMATION

To Whom It May Concern:

The undersigned having made an application for a license to serve fermented malt beverages and intoxicating liquors and/or alcoholic beverages with the Town of West Bend, Washington County, Wisconsin does hereby authorize the release to the Town of West Bend or any law enforcement agency, of any criminal information relating to the undersigned.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Applicant's Signature**

Subscribed and sworn before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, Washington County, WI or Clerk  
My commission expires \_\_\_\_\_.