

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 _____.