

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

New Applicant Renewal _____
Name of Establishment

Mail granted license to: () Applicant () 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: _____

Answer the following questions fully and completely: (PLEASE PRINT)

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____

Have you completed an approved responsible beverage server-training course? _____
Date of completion: _____ (attach copy of certificate)

Have you been licensed in the Town of West Bend in the past? _____
If yes, 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: _____ Name of offense: _____

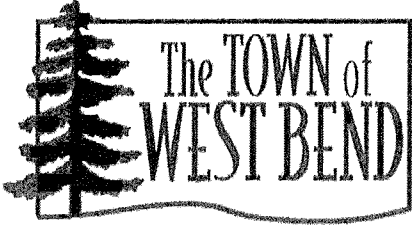
Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? _____

Signature of Applicant Date

Signature of Clerk/Deputy Clerk Date

For office use only

ID of Applicant checked _____ (Applicant to provide a copy of ID)
Payment rec'd date _____ () cash () check # _____ in the amount of \$ _____ rec'd by _____
Date approved by Town Board _____ License # issued _____



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

Clerk/Deputy Clerk Signature

Date