APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES

AND INTOXICATING LIQUORS

To the Town Board of the Town of Ledgeview, Wisconsin:

I hereby apply for an Operator's License to serve 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. This license will expire on the 30th day of June, _____, inclusive (unless sooner revoked.)

Answer the following questions fully and completely:

DATE:_____ PHONE:_____

NAME:_____
LAST FIRST MIDDLE

ALIAS:_____ MAIDEN NAME:_____

DATE OF BIRTH:_____ PLACE OF BIRTH:_____

DRIVER'S LICENSE NUMBER/STATE:_____ (CIRCLE) MALE FEMALE

CURRENT RESIDENCE:_____
STREET CITY ZIP

MAILING ADDRESS (IF DIFFERENT THAN ABOVE_____
STREET CITY ZIP

LIST ANY CONVICTIONS OF LAWS OR ORDINANCES YOU HAVE INCURRED DURING THE PAST FIVE (5) YEARS. DO NOT INCLUDE ANY TRAFFIC OFFENSES FOR WHICH THE PENALTY IMPOSED WAS LESS THAN $50.00

_____

HAVE YOU COMPLETED THE ALCOHOL AWARENESS COURSE? (CIRCLE) YES NO

WHERE?_____ WHEN? _____ IS THIS APPLICATON NEW OR RENEWAL?_____

PLACE OF EMPLOYMENT FOR WHICH THIS LICENSE IS APPLIED:_____

ADDRESS:_____

STATE OF WISCONSIN)
)ss.
BROWN COUNTY)

_____ being 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 the statements made by the applicant are true.

_____
Applicant's Signature

Subscribed and sworn to before me this _____
day of _____, 20_____

_____
Notary Public, State of Wisconsin
My commission expires _____

FOR OFFICE USE ONLY:

Amount Paid: One Year ($10.00) Expiration Date: _____ Two Years ($20.00) Expiration Date:_____

License Number: _____Approved: _____ Date: _____