



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Town of Ledgeview Municipal Building 3700 Dickinson Road De Pere, WI 54115

TO THE TOWN BOARD OF THE TOWN OF LEDGEVIEW, WISCONSIN:

I hereby apply for a license to serve from the date hereof to June 30, 20__, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors subject to the limitations imposed by Sections 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, of Local affecting the sale of such beverages and liquors if a license is granted to me.

Fee: New Application: 1 year - \$20.00 2 years - \$30.00 NON-REFUNDABLE All licenses expire on June 30th. Licenses will not be pro-rated.

Date: _____

PLEASE PRINT:

Name of Applicant: _____

Driver's License No. & State: _____

Address: _____ City: _____ State: _____ Zip: _____

Citizen of U.S.? Yes ___ No ___ Social Security _____ Phone No. _____

Residence: List all residences for the past 10 years (begin with the present address.)

Month & Year - From: ___ To: ___ Number & Street ___ State ___ Zip: ___

Please list additional residences on a separate sheet.

Date of Birth: _____ Maiden Name (if applicable) _____

Any other first or last name you have gone by: _____

License to be used at: (Name of Establishment) _____

Check ___ I have held an operator, premises or managers license within the past two years One: (proof required if in municipality other than Town of Ledgeview)

___ I have completed the Beverage Service Training Course within the last two years (certificate required)

125.17(5) (a) 2 Subject to pars. (b) to (e), a municipal governing body that issues operators' licenses shall issue a provisional operator's license to a person who, at the time of application for an operator's license under sub. (1) and payment of the fee under sub. (3), files a certified copy of a valid operator's license issued by another municipality.

Do you have a pending arrest or have you been convicted of any alcohol beverage related offenses including any of the following, as a juvenile or an adult?

- A. Illegal purchase, sale or providing intoxicating liquor or beer? Yes ___ No ___
B. Violation of closing hours at a licensed premise? Yes ___ No ___
C. Any other violation of laws pertaining to alcohol beverages? Yes ___ No ___
D. Disorderly Conduct or Criminal Damage to property that occurred at a licensed establishment? Yes ___ No ___

E. Obstructing a police officer while on the licensed premises for the sale of alcohol beverages? Yes ___ No ___

Do you have a pending arrest or have you been convicted, as a juvenile or an adult of:

A. Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (Wis. Stat. 346.63)? Yes ___ No ___

B. Operating a motor vehicle while under age of 21 with a blood alcohol of more than .0% but not more than .1% (Wis. Stat. 346.63(2)(m))? Yes ___ No ___

C. Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (Wis. Stat. 346.935)? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

Do you have any criminal or ordinance charges presently pending? Yes ___ No ___

Do you presently have any overdue or outstanding forfeitures resulting from a violation or an ordinance of any County, City, Village or Town? Yes ___ No ___

If you have answered yes to any of the above questions, list the charge, exact location of arresting agency, date of conviction and penalty.

| <u>Date</u> | <u>Nature of Offense</u> | <u>County</u> | <u>State</u> |
|-------------|--------------------------|---------------|--------------|
| | | | |
| | | | |

Please list additional convictions on separate sheet.

I authorize investigation of all statements contained in this license application. I understand that misrepresentation or omission of facts called for may be grounds for rejection of this application. I also understand that a juvenile record, if related to this license application, will be part of the investigation and may be revealed to Town Staff and the Town Board of the Town of Ledgeview.

I authorize the Town of Ledgeview to revoke my license (without notice or hearing) in the event this application is found to contain any false statement of fact.

(State of Wisconsin)
(Brown County)

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

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

Notary Public
My commission expires _____

| | | |
|--|--|--|
| Date received and filed with municipal clerk | Date | Date reported to Town Board |
| License Number | Background check completed: Date Issued | Date and Amount Paid \$20.00 \$30.00 |