

# Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors.

To the \_\_\_\_\_, Wis., \_\_\_\_\_,  
\_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_,  
Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, \_\_\_\_\_, inclusive (unless sooner revoked), 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.

I certify that I am \_\_\_\_\_ years of age and do not have an arrest or conviction record to SS. 111.321, 111.322 and 111.335.

Birth Date \_\_\_\_\_, \_\_\_\_\_.

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

### Answer the following questions fully and completely:

Name of Applicant \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Address of Applicant \_\_\_\_\_

Is application new or a renewal? \_\_\_\_\_

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? \_\_\_\_\_

As required by WI Statues Section 125.17(6), have you completed the alcohol awareness course? \_\_\_\_\_

If so, where? \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

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 intoxicating liquors?

Name and address of physician signing your health certificate filed herewith (if required) \_\_\_\_\_

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

STATE OF WISCONSIN,  
County. } ss.

\_\_\_\_\_, being first 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 that statements made by the applicant are true.

Subscribed and sworn to before me this \_\_\_\_\_

\_\_\_\_\_  
Applicant sign here

day of \_\_\_\_\_, \_\_\_\_\_

Notary Public, \_\_\_\_\_ County, Wis.