

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

To the Clerk of the Village of Cadott, 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 APPLICATION NEW OR RENEWAL? _____

PLACE OF EMPLOYMENT FOR WHICH THIS LICENSE IS APPLIED: _____

ADDRESS: _____

Applicant's Signature

FOR OFFICE USE ONLY:

Amount Paid: One Year (\$10.00) Expiration Date: _____ License Number: _____

Approved: _____ Date: _____