Town of Wolf River

APPLICATION TO SERVE / SELL MALT BEVERAGES AND INTOXICATING LIQUOR

I hereby apply for a license to serve, for the 1-year term, **JULY 1**, **2016 through JUNE 30**, **2017**, fermented malt beverages and intoxicating liquors, subject to the limitations imposed by WI Stats 125 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.

PRINT CLEARLY AND ANSWER ALL O	UESTIONS: (\$20.00)		
1) is this: NEW LICENSE	Considering Ville		
Section (Company)	's License when applying for a Provision	nal (temporary 60-day)	
2) Are you also applying for a PROVIS	SIONAL LICENSE? NO [] YES	[(Additional \$10.00)	
(This license can be revoked if the app	olicant fails to successfully complete th	e Responsible Beverage Server Course, or	
has made false statements on this app	lication.)		
3) Establishment under which you are	e applying for License:		
NAME: Last	First	M.I	
BIRTH DATE:	Age	_ Male	
		Zip	
		Cell	
	lf ot		
4) Have you EVER been convicted of	VA 4746 7970 VA 4075 COLORDON SO		
5) Have you EVER been convicted of	a misdemeanor or ordinance violat	ion? (Include traffic offenses)	
YES NO			
Offense		Conviction Date:	
Court:			
Offense		Conviction Date:	
Court:			
6) Have you EVER been convicted of	violating any license law or ordinar	nce relating to the sale of fermented	
	ncluding underage consumption or p		
	Ve—10 Ve—10 Ve		
7) Have you EVER been convicted of	any law, statute or ordinance perta	aining to the use of illegal drugs?	
If yes, when?	Where?		
8) RESPONSIBLE BEVERAGE SERVER		nade the foregoing application for a bartender's	
license and that all statements made by	the applicant are true and correct and	is the person who signs the application. The tion with this application, which may result in	
genat of this ticense.		Date:	
State of Wisconsin, County of Winnebago,	Signature of Ap	200 STATE OF THE S	
Subscribed and sworn to me this day, the			
date last above written.			
	Clerk / Deputy Clerk / Notary Public	Date Commission Expires	
FOR OFFICE USE ONLY		·	
	ional? Y / N Receipt#	APPROVE DENY DENY	