



APPLICATION FOR LICENSE TO SERVE

Fermented Malt Beverages and Intoxicating Liquors

To the Council of the City of New Richmond, Wisconsin: Date:

I hereby apply for a License to serve, from date hereof to June 30, 20 , 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 is granted to me.

I certify that I am years old 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 Name

Last

Address of Applicant

City

State

Zip Code

Phone Number

Driver's License #

(Include Copy)

Where will you be working?

New or Renewal

If renewal, where was license obtained?

As required by the WI Statutes 125.71(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 the United States? **(include all traffic tickets)**

Date of such conviction

Name of Court

Nature of Offense

Have you ever been convicted of violating any law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors?

State of Wisconsin)
St. Croix County) SS.

Signature of Applicant

_____, 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 statements made by the applicant are true.

Subscribed and sworn before me this _____
Day of _____, 20____

Signature of Applicant

Notary Public, St. Croix County, Wisconsin.

PROVISIONAL LICENSE _____ \$15.00 + \$7.00 INVESTIGATION FEE RECEIPT# _____
REGULAR LICENSE _____ \$30.00 + \$7.00 INVESTIGATION FEE RECEIPT# _____