



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, _____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory of and supplementary to those sections. I 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 except as disclosed below.

Birth Date _____

Signature of Applicant

Answer the following questions completely:

Name of Applicant _____
First Middle Last

Address of Applicant _____
Street Address City State Zip Code

Phone Number _____ Driver's License # _____
(include copy of DL)

Where will you be working? _____

Is this application for a new license or a renewal? _____ If a renewal, where and when was prior license obtained? _____

Have you, within the past 2 years, completed a responsible server training course? _____ If you are exempt or currently enrolled, explain here: _____
(include copy of certificate)

Have you been convicted of any felony or of violating any law of the State of Wisconsin, any other state, or the United States? **(include all traffic tickets)** _____ Describe all convictions below.

	#1	#2	#3
Nature of offense			

	#1	#2	#3
Date of conviction			
Name of court (include file number, if available)			
Additional explanation			

(attach additional sheet, if necessary)

Do you have any charges pending that could result in a conviction? _____ If so, describe:

Have you ever been convicted of violating any law or ordinance regulating the sale of Fermented Malt Beverages or Intoxicating Liquors? _____

I hereby authorize the City of New Richmond and any of its departments, including (without limitation) the New Richmond Police Department, within one year of the date of this application, to obtain information and records pertaining to me from any source and to use such information and records in the investigation and evaluation of this application. I understand that some or all of such information may be disclosed to the public in connection with the processing of this application. I release the City of New Richmond and all of its departments, officers, employees, agents, and related persons, from any and all liability for damages of any kind whatsoever that may arise from release of information or records obtained in connection with this application.

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 and that all the information on this application is true, correct, and complete.

Subscribed and sworn before me this _____ day of _____, _____

Notary Public, St. Croix County, Wisconsin

PROVISIONAL LICENSE	\$15.00 + \$7.00	INVESTIGATION FEE	RECEIPT# _____
REGULAR LICENSE	\$40.00 + \$7.00	INVESTIGATION FEE	RECEIPT# _____