

CITY OF SHEBOYGAN FALLS

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Date _____, 20_____

To the City Clerk, Mayor, and Common Council of the City of Sheboygan Falls, Wisconsin:

I hereby apply for a License to serve, from date hereof to **June 30, 2017** inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations 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 will be working at _____ in the City of Sheboygan Falls located at (Street Address of Establishment) _____.

I certify that I am _____ years of age.

Please Print

Full Name (including middle initial): _____ Date of Birth ___/___/___

Sex: Male / Female MM/ DD/ YY

Street Address of Applicant: _____

City, State & Zip Code: _____

Driver's License Number: _____

Phone Number: _____ - _____ - _____

Answer the following questions fully and completely, failure to do so may result in a license being denied. (Please Print)

1. Have you ever been convicted of any felony? Yes ___ or No ___.
2. Have you ever been convicted of violating any law or ordinance of the State of Wisconsin or of the United States? Yes ___ or No ___.
3. Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? Yes ___ or No ___.

If you have answered yes to any of the above,

Date(s) of such convictions(s): _____

Name of Court(s): _____

Nature of Offense(s): _____

(Use other side if needed).

(Signature is to be notarized if signed away from the City Clerk's office.)

I, THE UNDERSIGNED APPLICANT, SWEAR OR AFFIRM THAT: THEN MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF SHEBOYGAN FALLS TO ISSUE THE LICENSE HEREIN APPLIED FOR; AND THAT I AM QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR.

Signature of Applicant _____

(NOTARY SECTION)

STATE OF WISCONSIN
County of Sheboygan

Signed and sworn to (or affirmed) before me on ___/___/___ by _____

Notary Public
My Commission Expires on ___/___/___

Clerk's Office Use:

Application received by: (Initials') _____ on ___/___/___