

**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, 2018** 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 make sure that you have read and understand the attached application cover letter from the Sheboygan Falls Police Department to make sure you are in compliance with this section.

1. Have you ever been convicted / arrested for violating any city ordinance? (Citations / tickets are arrests).  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes you must list all convictions.

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2. Have you ever been convicted of any law of the state of Wisconsin? (Misdemeanor arrest).  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes you must list all convictions.

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3. Have you ever been convicted of a Felony?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes you must list all convictions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? YES \_\_\_\_\_ NO \_\_\_\_\_

(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 \_\_\_/\_\_\_/\_\_\_