

**TOWN OF SAUKVILLE
APPLICATION FOR LICENSE TO SERVE
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS**

Check one:

- NEW LICENSE \$30.00
 RENEWAL LICENSE \$20.00
 PROVISIONAL \$15.00
FEES ARE NON-REFUNDABLE

PLEASE PRINT:

Name of Applicant: _____
First
MI
Last
Maiden (if applicable)

Email Address: _____

Phone No.: (____) _____ - _____ Male ____ Female ____

Address: _____ City: _____ State: _____ Zip: _____

Driver's License No.: _____ State: _____ DOB: _____

PREVIOUS RESIDENCES: (For the past two years-use back of form if needed)

1. Address: _____ City: _____ State: _____ Zip: _____

2. Address: _____ City: _____ State: _____ Zip: _____

Answer all questions completely and accurately. Failure to do so could result in a delay or denial of this application.	Yes	No/NA
Have you been arrested for or convicted of a felony within the last five (5) years, which substantially relates to the alcohol beverage licensing activity? If yes, please explain below.		
Have you been arrested for or convicted of any misdemeanors or local ordinance violations within the last five (5) years which substantially relates to the alcohol beverage licensing activity? If yes, please explain below.		
Have you been denied a license to serve alcohol or had your license to serve alcohol revoked or suspended within the preceding twelve (12) months?		

Enter applicable arrest and conviction information, including dates and location, here:-

Place of Employment: _____

Check One () I have held an operator, premises or manager's license within the past two years.
 Show proof if municipality is other than the Town of Saukville.

() I have completed the Beverage Service Training Course within the last two years.
 Provide copy of certificate.

READ CAREFULLY BEFORE SIGNING:

I hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors subject to the limitations imposed by Sections 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 and Local affecting the sale of such beverages and liquors if a license is granted to me. Having read and answered all of the above statements and questions, I consent to the investigation of such facts, and state that all of the above statements are true and correct to the best of my knowledge. Failure to disclose an arrest or conviction record may result in the denial of the license.

Applicant's signature

Date

Office Use:

Background Review Results:

____ Pass ____ Fail, Reason:

Recommendation to the Town Board:

____ Approve ____ Deny

Date rec'd by Town Clerk

Lic. Number and date issued

Additional Comments:

