

# Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors.

\*\*\* A copy of your Responsible Beverage Service course card must be attached \*\*\*

To the \_\_\_\_\_, Wis., \_\_\_\_\_,  
of the \_\_\_\_\_ of \_\_\_\_\_,  
Wisconsin:

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 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 certify that I am \_\_\_\_\_ years of age and do not have an arrest or conviction record to SS. 111.321, 111.322 and 111.335.

Birth Date \_\_\_\_\_, \_\_\_\_\_.

DRIVERS LICENSE # \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

### Answer the following questions fully and completely:

Name of Applicant \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Address of Applicant \_\_\_\_\_

Is application new or a renewal? \_\_\_\_\_

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license), where was the privilege **obtained**? \_\_\_\_\_

As required by WI Statutes Section 125.17(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 of the United States?  
\_\_\_\_\_

Date of such conviction \_\_\_\_\_

Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or **ordinance** regulating the sale of Fermented malt **beverages** or intoxicating liquors?  
\_\_\_\_\_

Name and address of physician signing your health certificate filed **herewith** (if **required**) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

STATE OF WISCONSIN, }  
County. } ss.

\_\_\_\_\_, 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 that **statements** made by the **applicant** are true.

**Subscribed** and sworn to before me this \_\_\_\_\_

\_\_\_\_\_  
Applicant sign here

day of \_\_\_\_\_, \_\_\_\_\_

Notary Public, \_\_\_\_\_ County, Wis.