## APPLICATION FOR LICENSE TO SERVE FERMENTED MALTED BEVERAGES AND INTOXICATING LIQUORS

To the Town Board of the Town of Oconomowoc, County of Waukesha:

I hereby apply for a License to serve, from date hereof to June 30, 2019, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125 of Wisconsin Statues and local Ordinances and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

## ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY. PLEASE PRINT

Name of Applicant					
First		Middle	Last		
STREET ADDRESS of Applicant					
MAILING ADDRESS (if different)	Street	City	State, Zip		
	Street	City	State, Zip		
Phone Number ()	umber () D		/	/	
Driver's License # (Social Security numb	er if no D/L)	I cert	ify that I am	yea	rs of age
Have you ever been convicted of or vic regulating the sale of beverages or into:	•	v or ordinance	Yes	_ No	(if Yes, describe)
Have you ever been convicted of violating <u>any</u> law of the State of Wisconsin? (including traffic)			Yes	No	(If Yes, describe)
Have you ever been convicted of a felo	ny?		Yes	No	(If Yes, describe)
Date of such conviction		Name of Cour	t		
Establishment you will work at in the T	Town of Oconomowo	)C			
Establishment's Phone Number (					
Have you previously held an Operator'				expiration Ju	ne 30, 20
I,, application for an operator's license; th		rn on oath say that I am th made are true.	e person who n	nade and sig	ned the foregoing
X		,20_			
(Signature of Applican	nt)	(Date)	**FFE IS N	NON-REFU	NDABLE**
Subscribed and sworn before me this			New \$35 (school cert. attached)		
day of	, 20			wal (expired wal (current	l) \$30 license) \$25
Notory Dublie, Waykoche County, WI			Provisional \$15 Temporary \$5		
Notary Public, <u>Waukesha</u> County, V	VV I		-	•	
Previous License Check:			Photo Requ Photo Verif	ired: ication:	MAIL OR PICK-UP
Town Board Mtg. date Date forwarded to Police			Police Chief Approval		