Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ PROV
☐ REG

Date: _____

To the Common Council of the City of Waupaca, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 20__, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125.32(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.

Please Check One **NEW** ☐ **RENEWAL** ☐

Answer the following questions fully and completely:

Name of Applicant _____ Date of Birth: _____
(PLEASE PRINT-first name, middle initial and last name)

Have you gone by any other names? _____

Address of Applicant: _____

Previous Addresses (Last 5 years): _____

_____

Driver's License No. _____ Telephone No. _____

List any unpaid debts (fines, unpaid taxes, etc) owed to the city _____

Have you completed the Responsible Beverage Course? **Yes** ☐ **No** ☐

Please Note: In accordance with Wisconsin Statute Sec. 125.04(5) and City of Waupaca Code Sec. 12.02, this license may only be issued to persons who do not have an arrest or conviction record subject to Sec 111.321, 111.322 and 111.335 Wis Stats. or to a person who has been habitually a law offender or has been convicted of a felony substantially related to drugs and/or alcohol. You are advised that by completing this application you are consenting to a background check and any information received as the result of a background check may be used in determining whether you qualify for this license.

STATE OF WISCONSIN Waupaca County } SS.

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. **Providing false or inaccurate information will be grounds for denial.**

_____
Signature of Applicant

Subscribed and sworn to before me this _____

Day of _____, 20 ___

_____

Notary Public, _____ County, Wis.

Requesting license to work at:

_____

Previous Place Bartended:

_____

Receipt Number: _____ License # _____