

TOWN OF YORKVILLE

LICENSE APPLICATION TO SERVE
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

ANNUAL LICENSE: \$30.00

TEMPORARY LICENSE: \$5.00

I hereby apply for a license to serve fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Wisconsin Statutes Sections 125.32(2) and 125.68(2) and all acts amendatory thereof and supplementary thereto; I hereby agree to comply with all laws, resolutions, ordinances and regulations, whether they be federal, state or local, affecting the sale of such beverages and liquors should a license be granted to me. I submit the following in support of my application:

Name _____
Last First Middle Initial Maiden

Address _____

Phone _____ Gender _____

Birthdate _____ Age _____

Social Security Number _____

Driver's License Number and State _____

Have you completed training on alcoholic beverage regulations? Y / N

Completion Date _____

Have you ever possessed an Operator's (Bartender's) License? Y / N

If so, list most recent licensing municipality _____

License expiration date _____

Premises where license will primarily be used _____

Have you ever been ticketed, arrested, convicted, fined or have any charges pending against you for any violation of federal, state or municipal laws, including for a felony, misdemeanor, civil offense, alcohol-related traffic offense or violation of any law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors, either as an adult or as a juvenile? No _____ Yes _____ (If yes, provide details below. Use a separate sheet if necessary)

Date: _____ Jurisdiction: _____ Violation: _____

Date: _____ Jurisdiction: _____ Violation: _____

Date: _____ Jurisdiction: _____ Violation: _____

I, the undersigned, depose and state that I am the person in the foregoing application; that I have read and made a complete, true and correct answer to each question; that I consent to a full investigation of my background by the Town of Yorkville; that its elected officials, employees and agents shall use any and all information obtained in said investigation to determine my competency to be issued the license for which I am applying. I further understand that any license issued contrary to Wisconsin Statutes Chapter 125 shall be void, and, under penalty of state law, I may be prosecuted for submitting false statements and affidavits in connection with this application. I further acknowledge that any false statements on this application will result in an automatic license denial.

Applicant Signature: _____ Date: _____

Only to be signed in the presence of a Notary Public

The above applicant, being duly sworn under oath, states that (s)he is the person who made and signed this application for an operator's license and states that all statements made above are complete, true and correct.

Stamp Here

Subscribed and sworn before me this _____ day of _____, 20____.

Attest: _____ My Commission Expires On: _____

TO BE COMPLETED BY TOWN

Application Received: _____ Fee Received: \$ _____ Experience Provided: Server Training / Past License

Date of Server Training / Past License: _____ Record Check Results: _____

Board Action: Approve / Deny Board Action Date: _____ License Expiration Date: _____ License #: _____