

(NOTE: THERE IS A \$25 NON-REFUNDABLE FEE ON ALL LICENSE APPLICATIONS)

City of Clintonville

OPERATOR'S APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Date _____

Name _____ Date of Birth _____ Age _____
(Last) (First) (Initial)

Address _____ Phone _____
(Number and Street) (City) (Zip Code)

Name of business where license is expected to be utilized _____

PLEASE BE AWARE THAT THE POLICE DEPARTMENT CONDUCTS A THOROUGH BACKGROUND CHECK ANSWER FOLLOWING QUESTIONS FULLY AND COMPLETELY FAILURE TO DISCLOSE ACCURATE INFORMATION WILL BE GROUNDS FOR DENIAL IF THIS APPLICATION IS DENIED FOR FAILURE TO ACCURATELY COMPLETE SAID APPLICATION, THE APPLICANT WILL NOT BE ABLE TO REAPPLY FOR A PERIOD OF 30 DAYS FROM THE DATE OF DENIAL AND IF A NEW APPLICATION IS COMPLETED, ANOTHER \$50.00 LICENSE APPLICATION FEE WILL BE CHARGED. ONLY ONE (1) RE-APPLICATION SHALL BE ALLOWED WITHIN ANY TWO-YEAR LICENSE PERIOD.

- Any other name by which known other than name as specified above (include maiden name, nicknames and aliases)

- Drivers license number and State _____
- List any offenses in the past three years you have been convicted of which were felony, misdemeanor, or local ordinances which substantially relate to the licensing activity or is a habitual law offender. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.). Continue on back as necessary. Include all convictions whether they occurred in the State of Wisconsin or anywhere else. Please read the detailed instruction sheet which is attached.

| Violation | County/Municipality | Approximate Date |
|-----------|---------------------|------------------|
| | | |
| | | |
| | | |

- Are any charges currently pending against you for any alleged violation of Federal, State, or local law or regulation? If yes, describe charges, where pending, and status of case(s)

OVER 

TO THE COMMON COUNCIL OF THE CITY OF CLINTONVILLE:

I hereby apply for a license to serve, from _____, 201__ through June 30, 201__, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.17 of the Wisconsin Statutes and Ordinances of the City of Clintonville 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 understand that I must provide written proof that I have completed the Responsible Beverage Service class. I also understand that the Police Department will conduct a background check and I give permission to the Police Department, its agents, and designees to conduct such background check and do anything necessary to complete the same.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued. I further acknowledge reading the complete instruction sheet which is attached and acknowledge that the police department will conduct a thorough background check and that these results will be a condition of approval.

X _____
Signature of Applicant
(must be signed in front of Notary Public)

STATE OF WISCONSIN

Waupaca County

Subscribed and sworn to before me this _____
day of _____, 201__.

Notary Public, State of Wisconsin
My commission expires _____.

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FOR CITY HALL USE ONLY

1. Background Check: Date: _____ Signature: _____
2. Police Department Approval: Date: _____ Signature: _____ Approved/Disapproved
3. Amount Owed: Forfeitures \$ _____ By _____ Utilities \$ _____ By _____
Property Taxes \$ _____ By _____ A/R \$ _____ By _____
Ambulance \$ _____ By _____ Sent to Attorney \$ _____ By _____
4. City Clerk Approval: Date: _____ Signature: _____ Approved/Disapproved
5. Issuing Employee: Date Issued: _____ Signature: _____
License No.: _____ Provisional License No.: _____

Comments: _____

City Hall receipt No. _____ Date application received _____

Send license to: _____ Receipt issued by: _____