License No._____
Approved__ _____
Issued _____

Town of Wheatland

34315 Geneva Rd., P.O. Box 797 · New Munster, WI 53152-0797
Phone: 262.537.4340 · Fax: 262.537.4261
clerk: smsiegler@townwheatland.com - treasurer: dvos@townwheatland.com

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS (Bartender/Salesperson)

For the license year beginning **July 1,** ____ ending **June 30,** _____

NOTE: A background check will be conducted on ALL applications (includes renewals).

☐ $25 – Alcoholic beverage operator license ☐ $15 – Provisional License

1. _____
Name (last – first – middle) **Date of Birth**

2. _____
House & Street Number and Post Office Box No. City /State Zip Code

3. _____
Phone

4. Have you been convicted of violating any license law or ordinance regulating the sale of fermented beverages or intoxicating liquors? _____

5. **Have you been convicted of any felony**?
_____

6. Do you have any arrest or conviction record?_____

If so, list offense(s) & date(s) _____

_____

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❒ I am aware that a record check is a prerequisite for the approval of a license. You have permission to run a background check for arrest & conviction history. Failing to report a violation will hold up or disqualify your application.

❒ I agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of alcoholic beverages if a license is granted to me.

_____
Signature **Date**

Name of business _____

Mail license_____ Will pick up license_____ Give to business _____

Paid $_____ Date_____ Receipt # _____Received by _____

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