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**](mailto:smsiegler@townwheatland.com) **- treasurer:** [**dvos@townwheatland.com**](mailto:dvos@townwheatland.com)

**APPLICATION FOR LICENSE TO SERVE**

**FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS (Bartender/Salesperson)**

For the license year beginning **July 1, 2020** ending **June 30, 2021**

**NOTE: A background check will be conducted on ALL applications (including 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

============================================================================================

❒ 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 \_\_\_\_\_\_\_\_\_\_\_\_