

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: ddeuster@tn.wheatland.wi.gov - treasurer: dvos@tn.wheatland.wi.gov

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

For the license year beginning **July 1, 2024** ending **June 30, 2025**

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

\$25 – Alcoholic beverage operator license

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

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

3. _____
Phone E-mail

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 _____