

Original (\$20)

Renewal (\$20)

Provisional (\$10)

Temporary (\$5)

Fee paid \$

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

Date application received _____

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

Address _____ Phone _____
(Number and Street) (Municipality) (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.

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

2. Drivers license number and State _____
Social Security Number _____

3. List any offenses 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.

Violation	County/Municipality	Approximate Date

4. 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)

TO THE VILLAGE BOARD OF THE VILLAGE OF WITTENBERG:

I hereby apply for a license to serve, from _____, 200__ through June 30, 200__, 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 Village of Wittenberg 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.

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

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

Notary Public, _____ County, Wisconsin