

APPLICATION for License to Serve Fermented Malt Beverages and Intoxicating Liquors

New Application
 Renewal Application

APPLICANT: Please review the information on the back of this form prior to completion of your application. This application must be signed in the presence of a notary.

Full Name _____ **Date of Application** _____
Address _____ **Birth date** _____
 _____ **Home Phone** _____
Driver's License _____ **Work Phone** _____

Have you ever been convicted of any violation of any federal or Wisconsin laws, any laws of any other state or any municipality? Include all alcohol-related violations. Explain, in detail, any "Yes" answers in the space below. List the law violated, the date and location of violation, the penalty imposed, and the status of pending charges. If this application is a renewal, list and describe only those violations that have occurred since the date of your last license application.

No Yes Explain: _____

Have you held a "Class A" or a "Class B" license or permit or an operator's license issued by the City of Cuba City within the past two years? If "Yes," list date of issue, date of expiration, type of license, and where you were employed.

No Yes Explain: _____

NEW APPLICANT: Have you completed a "Responsible Beverage Server Training Course"? Ordinance 6.01(2)(h)(3) of the municipal code of the City of Cuba City states that you must complete such a course prior to the issuance of an operator's license. You must provide a copy of your certification at the time of this application.

No Yes Explain: _____

"I hereby apply for a license to serve, from the date hereof to June 30, _____ inclusive (unless sooner revoked), fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Wisconsin State Statutes, and all acts amendatory thereof, and supplemental thereto. I hereby agree to comply with all laws, ordinances, resolutions, and regulations of federal, state, and/or local laws affecting the sale of such beverages and liquors after issuance of said license. By my signature herein, I attest that all the information contained in this document is true and accurate, and I give permission for the appropriate agencies to investigate my background and history."

Applicant's Signature _____

NOTARY The undersigned, being first duly sworn on oath, says that he/she is the person who made and signed this application for an operator's license. Subscribed and sworn to before me on this _____ day of _____ year of _____.

 Notary Public, Grant County, WI My commission expires _____

CHIEF OF POLICE REVIEW

Comments _____

 Signature _____ Case Number _____

For Office Use Only

Date Issued _____ License Number Issued _____