

# City of Shullsburg Application for an “Operator’s” License

To Serve Fermented Malt Beverages and Intoxicating Liquors

New  Renewal  Temporary

\_\_\_\_\_, 20\_\_\_\_\_  
Today's Date

I, the undersigned, make application to the local governing body of the City of Shullsburg, County of Lafayette, Wisconsin for a License to serve, from date hereof to June 30, 20\_\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) of the Wisconsin Statues 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.

## Answer the following questions fully and completely:

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address of Applicant \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ \*Sex \_\_\_\_\_ \*Race \_\_\_\_\_

\*Soc. Sec. # \_\_\_\_\_ \*D.L. # \_\_\_\_\_

As required by WI Statutes Section 125.17 (6), have you completed the Beverage Server Training Course? \_\_\_\_\_

If yes, Attach Beverage Training Certificate to the application. (Clerk will have on file if this is a renewal)

Have you been convicted of a felony or any alcohol-related or drug-related misdemeanor? \_\_\_\_\_

Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? \_\_\_\_\_ Nature of violation \_\_\_\_\_

Have you ever had a license to serve alcohol beverages suspended or revoked, or surrendered the license in lieu of suspension or revocation? \_\_\_\_\_ If yes, provide the place and date \_\_\_\_\_

Have you been convicted of operating a motor vehicle while intoxicated? \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you been hospitalized or treated in the last five years for drug abuse or alcoholism? \_\_\_\_\_

If yes, explain and give dates \_\_\_\_\_

Name of employer for which license is intended \_\_\_\_\_

If temporary, what dates will the license be used: \_\_\_\_\_

\* We request this information so we can verify your criminal and driving history. This information is maintained in confidence.

X \_\_\_\_\_  
Applicant Signature

X \_\_\_\_\_  
Clerk Signature

Background Check Completed: \_\_\_\_\_