

**CITY OF SHEBOYGAN FALLS**

**Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors**

Date \_\_\_\_\_, 20\_\_

To the City Clerk, Mayor, and Common Council of the City of Sheboygan Falls, Wisconsin:

I hereby apply for a License to serve, from date hereof to June 30, 201\_\_, 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 Statutes 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 will be working at \_\_\_\_\_ in the City of Sheboygan Falls  
Locate at (Street Address of Establishment) \_\_\_\_\_.

I certify that I am \_\_\_\_\_ years of age.

**Please Print:**

*MM- DD -Year*

Full Name: \_\_\_\_\_ Date of Birth \_\_\_/ \_\_\_/\_\_\_\_ Sex: Male / Female

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

City, State & Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Answer the following questions fully and completely, failure to do so may result in a license being denied. (Please Print)**

- 1. Have you ever been convicted of any felony? Yes \_\_\_ or No\_\_.
- 2. Have you ever been convicted of violating any law or ordinance of the State of Wisconsin or of the United States? Yes \_\_\_ or No\_\_.
- 3. Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? Yes \_\_\_ or No\_\_.

If you have answered yes to any of the above,

Date(s) of such conviction(s) \_\_\_\_\_

Name of Court(s) \_\_\_\_\_

Nature of Offense(s) \_\_\_\_\_

**(Signature is to be notarized if signed away from the City Clerk's office.)**

I, THE UNDERSIGNED APPLICANT, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE CITY OF SHEBOYGAN FALLS TO ISSUE THE LICENSE HEREIN APPLIED FOR; AND THAT I AM QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR.

\_\_\_\_\_  
*Signature of Applicant*

(NOTARY SECTION)

STATE OF WISCONSIN

County of Sheboygan

Signed and sworn to (or affirmed) before me on \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_

*Notary Public*

*My Commission Expires on \_\_\_/\_\_\_/\_\_\_*

Office Use:

Application received by: \_\_\_\_\_ (Initials) on \_\_\_/\_\_\_/\_\_\_

Updated form 12/4/09