

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, 2023** 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 located at (Street Address of Establishment) _____.

I certify that I am _____ years of age.

Please Print

Full Name (including middle initial): _____ Date of Birth ____/____/____

Sex: Male / Female

MM/DD/YY

Street Address of Applicant: _____

City, State & Zip Code: _____

Driver's License Number: _____

Phone Number: _____ - _____ - _____

Answer the following questions fully and completely, **failure to do so may result in a license being denied.** Please make sure that you have read and understand the attached application cover letter from the Sheboygan Falls Police Department to make sure you are in compliance with this section.

1. Have you ever been convicted / arrested for violating any city ordinance? (Citations / tickets are arrests).

YES _____ NO _____ If yes you must list all convictions.

2. Have you ever been convicted of any law of the state of Wisconsin? (Misdemeanor arrest).

YES _____ NO _____ If yes you must list all convictions.

3. Have you ever been convicted of a Felony?
YES _____ NO _____ If yes you must list all convictions.

4. Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? YES _____ NO _____

I, THE UNDERSIGNED APPLICANT, SWEAR OR AFFIRM THAT: THEN 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 _____

Clerk's Office Use:

Application received by: _____ on ___/___/___

Application approved by Police Chief on ___/___/___

Application approved by City Council on ___/___/___