

10/20/2009



VILLAGE OF SAUKVILLE
APPLICATION FOR LICENSE TO SERVE FERMENTED
MALT BEVERAGES AND INTOXICATING LIQUORS

NEW LICENSE (\$27.00) RENEWAL (\$22.00) PROVISIONAL (\$17.00) (non-refundable)

TO THE VILLAGE BOARD OF THE VILLAGE OF SAUKVILLE, WISCONSIN:

I hereby apply for a license to serve from the date hereof to June 30, 20__, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors subject to the limitations imposed by Sections 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, of Local affecting the sale of such beverages and liquors if a license is granted to me.

PLEASE PRINT:

Name of Applicant: _____

Driver's License No. & State: _____

Address: _____ City: _____ State: _____ Zip: _____

Citizen of U.S.? Yes ___ No ___ Social Security No. _____ Phone No. _____

Residence: List all residences for the past 10 years begin with the present address.

Month & Year - From: _____ To: _____ Number & Street _____ City _____ State _____

Please list additional residences on the reserve side of sheet.

Date of Birth: _____ Maiden Name: _____ License to be used at: _____

Check One: I have held an operator, premises or managers license within the past two years (if in municipality other than Village of Saukville, proof required) _____

I have completed the Beverage Service Training Course within the last two years (certificate required) _____

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY FEDERAL OR STATE LAW, OR LOCAL ORDINANCE (INCLUDING TRAFFIC)? TWO OR MORE ALCOHOL RELATED VIOLATIONS WITHIN THE LAST 5 YEARS MAY BE CAUSE FOR LICENSE DENIAL.

Yes ___ No ___

Date _____ Nature of Offense _____ County _____ State _____

Please list additional convictions on reserve side of sheet.

(State of Wisconsin)
(OZAUKEE COUNTY)

_____, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; and all statements made by the applicant are true.

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

Signature of Applicant

Clerk - Notary Public

Approval of Chief of Police

Date

Table with 3 columns: Date received and filed with municipal clerk, License number and date issued, Signature of clerk/deputy clerk