



Receipt # \_\_\_\_\_

# CITY OF SPOONER

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

Application Date: \_\_\_\_\_ Employer: \_\_\_\_\_

One year \$25: \_\_\_\_\_ Two years \$30: \_\_\_\_\_ Provisional \$15: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Last Name First Name Middle Initial

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Responsible Beverage

Social Security #: \_\_\_\_\_ School Attended: \_\_\_\_\_

To the Common Council of the City of Spooner, Wisconsin:

I hereby apply 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 limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts of amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolution, ordinances and regulation, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am \_\_\_\_\_ years of age and so not have an arrest or conviction record subject to §§111.321, 111.322 and 111.335.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Phone Number

### Answer the following questions fully, accurately and completely:

Have you been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever violated any law of the State of Wisconsin or of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes – date(s) of such conviction(s) (list all) \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was the offense and date? \_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE ME** this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Clerk/Notary Public

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

My Commission expires: \_\_\_\_\_