

Receipt # _____

CITY OF SPOONER

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Application Date: _____ **Requested Effective Date:** _____

Employer: _____ **Employer Phone #:** _____

Requested License: \$15 Provisional \$25 One Year \$30 Two Year

New Renewal If renewal, current license expiration date: _____

Full Legal Name: _____
First Name Middle Initial Last Name

Other Names Used: _____ **Date of Birth:** _____

Address, City, State: _____

Phone #: _____ **Driver's License #:** _____

Social Security #: _____

Responsible Beverage School Attended: _____

(Must provide certificate of completion within the last two years or proof of a current operator's license from other municipality that has an expiration date not more than two years ago.)

Answer the following questions fully, accurately and completely:

Arrest and Conviction Record:

Have you ever been convicted of a felony? Yes No

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

Have you ever been convicted of disorderly conduct that involved violence against another person?
Yes No

List All Citations, Tickets, Municipal/Ordinance Violations and Criminal Charges with dates:

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? _____

Do you want your license mailed or do you want to pick it up? _____

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

I certify that I am _____ years of age and 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.

Signature of Applicant

Date

Please note operator's licenses are valid for year ending June 30th no matter when the application is applied for.

To be completed by the Spooner Police Department

Approved by Law Enforcement Assistant: _____
Initial Date

Approved by Police Chief or Captain: _____
Initial Date

Additional Information: _____