

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



Town Hall – 1293 Washington Ave  
 Cedarburg, Wisconsin 53012  
 Phone: (262) 377-4509 Fax: (262)377-0308  
[www.town.cedarburg.wi.us](http://www.town.cedarburg.wi.us)

<b>FOR OFFICE USE ONLY:</b>	License No. _____
Type of License: <input type="checkbox"/> New (\$32) or <input type="checkbox"/> Renewal (\$32) old lic # _____	
Amt. pd: _____ Date pd: ___/___/___ Receipt #: _____	
Forwarded to Constable: ___/___/___ :___ am/pm	

**Establishment you will be bartending for:** \_\_\_\_\_

CEDARBURG, WISCONSIN \_\_\_\_\_ (date of application).

To the TOWN BOARD of the TOWN OF CEDARBURG, WISCONSIN:

I hereby apply for a License to serve 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 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, from the date that the License may be granted until the following June 30<sup>th</sup>.

I further understand and agree that an investigation will be made of my background and of the information that I have supplied with this application and I further understand that this information (and the information derived from the information that I supply) will be a matter of public information which WILL be disclosed to Town employees and MAY be disclosed to others. **My signature at the end of this application not only attests to the truthfulness of the information given but also consents to the disclosure described herein.**

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

Birth Date \_\_\_\_\_, \_\_\_\_\_.

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

Last Name:		First Name:		Middle Name:
Address:		Apt. #	City/State/Zip Code:	
Telephone Number: ( ) -		Alternate Contact Number:		
Drivers License #:			STATE:	
Have you held an operators license within the past 2 yrs in the Town of Cedarburg? <b>YES / NO</b> location: _____				
Have you held an operators license within the past 2 yrs in a municipality other than the Town of Cedarburg? <b>Proof required YES / NO</b>				
As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? <b>YES / NO</b> <b>Copy of Certificate required</b> (dated within last 2 years) if proof of a current operators license (within the last 2 years) has not been supplied.				
Have you ever been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? <b>YES / NO</b>				
Date of such conviction:		Name of Court, County & State:		
Nature of offense:				
Have you been convicted of violating any license law or ordinance regulating the sale of Fermented Malt Beverages or Intoxicating Liquors?				

**I acknowledge that my failure to notify the Town in writing within ten (10) days of any change of residence or of any conviction will result in Immediate Revocation of any License issued.**

**ALL STATEMENTS ABOVE ARE TRUE AND ACCURATE:** \_\_\_\_\_ / \_\_\_\_\_

**YOUR SIGNATURE MUST BE NOTARIZED SEE BACK OF FORM**

*Signature of Applicant/ Date*

To be filled out by Town of Cedarburg staff or Notary Public:

State of Wisconsin, Ozaukee County,

\_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing applications for an operator's license; that all statements made by the applicant are true.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Signature of Clerk or Notary Public

Notary Public, \_\_\_\_\_, County, Wisconsin.

My commission expires \_\_\_\_\_.

Notary Stamp: