

APPLICATION FOR LICENSE TO SERVE INTOXICATING LIQUORS IN THE TOWN OF SOMERS, KENOSHA COUNTY, WISCONSIN and CONSENT TO RECORD CHECK

I hereby apply for a license to serve from date hereof to June 30th, _____ inclusive (unless sooner revoked) fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Chapter 125.17 (1), (2) & (3) of the Wisconsin Statute 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 certify that I am a citizen or legal resident of the United States _____
(please initial)

Please print legibly

Last Name: _____ First Name: _____ M. I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Of Birth: _____ Birth Place: _____
(city & state)

Previous Name(s): _____

Mailing Address: _____
(if different)

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

- Have you been convicted of any felony **or** of violating any law of the State of Wisconsin **or** the United States? _____ yes _____ no
- Have you been convicted of violating any license law **or** ordinance regulating the sale or possession of malt beverages or intoxication liquors? _____ yes _____ no

****If you checked yes to either of the above two questions, then list the information below:**

Date of Conviction	Nature of Offense	Name of Court – City - State

*If more space is needed, please use back of this form. *Check here if back is used. _____

Place of employment where you will serve alcoholic beverages. _____

Do you presently hold an operator's license in any other municipality? _____ yes _____ no
 If yes, where _____

*** OPERATOR LICENSE FEES ARE NON REFUNDABLE ***
I, the undersigned, upon penalty of perjury say that I am the person who made the forgoing application for an operator's license; that all the statements made by me are true and I hereby consent to a record check.

Applicant's signature / consent _____ Application date: _____
 Applicant's telephone #: _____

**** PHOTO ID IS REQUIRED FOR ALL APPLICATIONS ****

**** FOR OFFICE USE ONLY - - - - USE RED INK - - - - ATTACH PHOTO ID and RECORD CHECKS ****

New applicant	Provisional license	\$10.00	Photo copy of picture I.D.	_____
Certified	Operator license	\$30.00	D.O.J. Background check	_____
	Record check	\$10.00	CCAP Check	_____
Clerk reviewed	Total Due	\$	Initial	_____

