

# RENEWAL 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**

I presently reside in city town village of \_\_\_\_\_ state of \_\_\_\_\_  
(circle one)

I moved to my present address \_\_\_\_\_ I am \_\_\_\_\_ years of age  
( month / day / year )

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Birth Place: \_\_\_\_\_  
( city & state )

Mailing Address: \_\_\_\_\_  
(if different)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

● Since your last application, have you been convicted of any felony **or** of violating any law of the State of Wisconsin **or** the United States? \_\_\_\_\_ yes \_\_\_\_\_ no

● Since your last application, 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.**

Application date: \_\_\_\_\_

Applicant's signature / consent \_\_\_\_\_

Applicant's telephone #: \_\_\_\_\_

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

Renewal of previous # _____  Clerk reviewed _____	Provisional license \$10.00 _____ Operator license \$30.00 _____ Record check \$7.00 _____ Total Due \$ _____	Photo copy of picture I.D. _____ D.O.J. Background check _____ CCAP Check _____ Initial _____
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