



**Renewal Application for License to Serve Intoxicating
Liquors in the Village/Town of Somers, Kenosha County,
Wisconsin
& Consent to Record Check
RENEWAL**

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 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: _____

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 _____

*** O P E R A T O R L I C E N S E F E E S A R E N O N - R E F U N D A B L E ***

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, CERTIFICATION and RECORD CHECKS ****

Renewal of previous #	Provisional license	\$15.00	Photo copy of picture I.D.	_____	List _____ Scanned _____
	Operator license	\$50.00	D.O.J. Background check	_____	
	Record check	\$10.00	CCAP Check	_____	
Clerk reviewed	Total Due	\$	Initial	_____	

[illegible]