

**APPLICATION FOR LICENSE TO SERVE FERMENTED
MALT BEVERAGES AND INTOXICATING LIQUORS**

Renewal _____ **Provisional** _____
Initial _____ **Temporary** _____

Operator License - \$50.00
Provisional License - \$15.00

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

I hereby apply for a license to serve, from the 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), Wisconsin Statutes, and all acts amendment 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 of the United States and have been a resident of the State of Wisconsin continuously since _____.

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY. (Please Print)

Name of Applicant _____
First Name Middle Name Last Name (Previous Name, if any)

Address of Applicant _____

City State Zip

Drivers License No. _____ Phone No. _____
 Male Female Date of Birth _____ Race _____
Month/Day/Year

Have you been convicted of any felony, misdemeanor, or ordinance violation (other than traffic violations)?
 Yes No If yes, answer what, when and where? _____

Are there any criminal charges pending against you? Yes No
If yes, give details _____

STATE OF WISCONSIN _____
OUTAGAMIE COUNTY Applicant Signature Date

_____ being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license and that all the statements made by the applicant are true.

Subscribed and sworn to before me
this _____ day of _____ 20____

Notary Public, Outagamie County, Wisconsin
My Commission expires: _____

LICENSE YEAR – 20 _____

License No. Issued _____
Name _____
Address _____

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=====

Common Council Approval: _____
Resp. Beverage Service Course: _____

APPLICANT'S PLACE OF EMPLOYMENT

Receipt No. _____ Paid \$ _____

Date _____

Provisional License No. _____
Receipt No. _____ Paid \$ _____
Date _____

POLICE DEPARTMENT

It is recommend that:

_____ License be granted
_____ License be denied

Reason for denial:

Signed:

Entered into computer