

**APPLICATION TO SERVE FERMENTED MALT
BEVERAGES AND INTOXICATING LIQUORS
City of Black River Falls, WI**

New Application
 Renewal
***APPROVED**

- Operator's License Fee = \$10.00 Valid from date of issuance until June 30, _____
 Temporary License Fee = \$1.00 Valid for 14 days from date of issuance (Events)

NOTICE: There is an additional \$10.00 background investigation fee

Applicant: Please print all answers clearly and legibly. You must provide all requested information.

Applicants Name: _____ DOB ____ / ____ / ____
First MI Last

Address: _____ Phone (____) ____ - ____
Street City State Zip

Driver's License # _____ State _____ Employer _____

Have you had a Server's License in the last 12 months? <u>If yes, provide name of issuing authority.</u>	Yes	No
Have you attended or are you enrolled in a "Responsible Server Training" Course?	Yes	No
Are there now any Criminal Charges pending against you? If yes, please provide dates of offenses, jurisdiction of charges and nature of offenses on back of page.	Yes	No
Have you ever been convicted of a Felony or Misdemeanor for a violation of Federal State or Municipal Law pertaining to the sale of Fermented Malt Beverages or Intoxicating Liquors? If yes, please provide dates of offense, jurisdiction of charges, and nature of offense on back of page.	Yes	No

TO THE COMMON COUNCIL OF THE CITY OF BLACK RIVER FALLS

I, the undersigned, do hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations empowered by Chapter 125.04(4) of the Wisconsin State 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 hereof to June 30, _____, inclusive unless sooner revoked. I certify that I am a citizen of the United States and I have been a resident of the State of Wisconsin continuously since (Year) _____ and that I am _____ years of age.

Signature of Applicant: _____ **Date:** _____

CONTINUE ON BACK

List any other names you have identified yourself with. **Put N/A if not applicable.**

List any and all out of State Addresses you have resided at. **Put N/A if not applicable.**

Criminal Charges Pending against you. **Put N/A if not applicable.**

Felony or Misdemeanor convictions. **Put N/A if not applicable.**

FOR OFFICE USE ONLY

*Background Check Concerns? _____ YES _____ NO (If yes, see attached)