West Salem, Wisconsin

Alcohol Beverage License Application

to serve Fermented Malt-Beverages and Intoxicating Liquors

PLEASE SEE REVERSE SIDE TO COMPLETE APPLICATION

All questions on this application must be answered completely and accurately before it can be processed. Failure to do so could result in a delay or even rejection of the application. **PLEASE PRINT LEGIBLY:**

Date of Application:	Licensing Year Through June 30, 20					
License Type: ANNUAL \$15.00 RENEWAL LICENSE: YE						
NAME:						
First		Middle	I	Last		
SEX: MALE FEMAL	Е					
CURRENT ADDRESS:						
	Number	Street Apt #.	City	State Zip		
DATE OF BIRTH:		EMAIL (option	nal)			
HOME PHONE:	CELL/WORK PHONE:					
THE ALCOHOL AWARENT PLEASE PROVIDE COPY IF SO, WHERE? DO YOU HAVE A VALID	OF CER	S LICENSE?	_ STATE	ISSUED:		
IF NO EXPLAIN:						
PREVIOUS NAMES USED:	First	Middl		Last		
	First	Middl	e	Last		
LIST ALL PREVIOUS RESI	DENCES	l:				
Street	Apt #.	City	State	Zip		
Street	Apt #.	City	State	Zip		

CHECK THE APPROPRIATE ANSWER TO THE QUESTIONS BELOW:

	rrested, pled guilty, or been convicted of any alcohol beverage related				
offense including any of the following, on or after your 17 th birthday: A. Illegal purchase, sale, or providing intoxicating liquor or beer?			No		
B. Violation of closing hours at a licensed prem		No			
C. Any other violation of laws pertaining to alc		No			
D. Disorderly conduct/criminal damage to prop					
at a licensed establishment?			No		
E. Obstructing a police officer while on the lice	ensed premises for				
the sale of alcohol beverages?		Yes	No		
2. Have you as a juvenile or adult been convicted of:					
A. Operating a motor vehicle while under the i	nfluence of alcohol				
or controlled substance or with a prohibited					
(stats. 346.63)?			No		
B. Operating a Motor Vehicle in violation of Absolute Sobriety?					
(for persons under age 21)(Statute 346.935)	Yes	No			
C. Having alcohol beverages in your possession	n in a motor vehicle				
as a driver or passenger (stats. 346.935)			No		
3. Have you ever been convicted of or pled guilty to a	misdamaanor or falony?	Vac	No		
3. Have you ever been convicted of or pled guilty to a misdemeanor or felony?					
4. Do you have any pending ordinance, criminal charg	es?	Yes	No		
5. Do you presently have any overdue or outstanding f					
resulting from a violation of an ordinance of any co	ınty, city, village,				
or town?		Yes	No		
If you have answered yes to any of the above question of conviction and penalty. List the name and address of the licensed alcohol bever			aresting agency, date		
I hereby certify that the information provided on the application information shall be grounds for denial of my alcohol beverage lie be grounds for denial or revocation of this license. I am aware o by those laws. I understand that the Police Department will do a records requested by the Police Department in its investigation.	cense. I further understand that f the laws governing the sale of	t falsificatio of alcohol be	n of any information shall everage and agree to abide		
Signature of Applicant	Date Signed				
FOR OFFICE	AL USE ONLY				
Police Department background check done by:	1	Date:			
Approved / Denied by:	Reason:				
Attended the required educational course: YES NO	RENEWAL (circle	one)			
Copy of certificate attached: YES NO (circle one)					
Fee paid: \$ Da	te reviewed by Village B	oard:			