

Alcohol Beverage License Application

to Serve Fermented Malt-Beverages and Intoxicating Liquors

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, 2026

License Type: (Check One)

ANNUAL \$15.00 _____ TEMPORARY \$10.00 _____ PROVISIONAL \$5.00 _____

RENEWAL LICENSE: YES / NO ***MANDATORY BACKGROUND CHECK \$7.00** X

NAME: _____
First Middle Last

SEX: MALE _____ FEMALE _____

CURRENT ADDRESS: _____
Number Street Apt. # City State Zip

DATE OF BIRTH: _____ EMAIL: _____

HOME PHONE: _____ CELL/WORK PHONE: _____

As REQUIRED by Wisconsin Statutes Section 125.17(6), HAVE YOU COMPLETED THE ALCOHOL AWARENESS COURSE?

YES / NO IF SO, WHERE? _____

PLEASE PROVIDE COPY OF CERTIFICATE WITH APPLICATION

DO YOU HAVE A **VALID** DRIVER'S LICENSE? YES / NO STATE ISSUED: _____

IF NO, EXPLAIN: _____

PREVIOUS NAMES USED: _____
First Middle Last

First Middle Last

LIST ALL PREVIOUS RESIDENCES:

Street Apt. # City State Zip

Street Apt. # City State Zip

PLEASE SEE REVERSE SIDE TO COMPLETE APPLICATION



Alcohol Beverage License Application - Village of West Salem

CHECK THE APPROPRIATE ANSWER TO THE QUESTIONS BELOW:

1. Have you ever been arrested, pled guilty, or been convicted of any alcohol beverage related offense including any of the following, on or after your 17th birthday:
- | | | |
|---|----------|---------|
| A. Illegal purchase, sale, or providing intoxicating liquor or beer? | Yes_____ | No_____ |
| B. Violation of closing hours at a licensed premise? | Yes_____ | No_____ |
| C. Any other violation of laws pertaining to alcohol beverages? | Yes_____ | No_____ |
| D. Disorder conduct/criminal damage to property that occurred at a licensed establishment? | Yes_____ | No_____ |
| E. Obstructing a police officer while on the licensed 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 influence of alcohol or controlled substance or with a prohibited alcohol concentration (Stats. 346.63)? | Yes_____ | No_____ |
| B. Operating a motor vehicle in violation of Absolute Sobriety? (for persons under age 21) (Stat. 346.93(5)) | NA _____ | Yes_____ No_____ |
| C. Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (Stat. 346.93(5))? | Yes_____ | No_____ |
3. Have you ever been convicted of or pled guilty to a misdemeanor or felony?
- Yes_____ No_____
4. Do you have any pending ordinance or criminal charges?
- Yes_____ No_____
5. Do you presently have any overdue or outstanding forfeitures resulting from a violation of an ordinance of any County, City, Village, or Town?
- Yes_____ No_____

If you have answered yes to any of the above questions, list the charge, exact location of arresting agency, date of conviction, and penalty.

List the name and address of the licensed alcohol beverage premises that will employ you:

I hereby certify that the information provided on the application is true and correct. I understand that failure to provide all required information shall be grounds for denial of my alcohol beverage license. I further understand that falsification of any information shall be grounds for denial or revocation of this license. I am ware of the laws governing the sale of alcohol beverage and agree to abide by those laws. I understand that the Police Department will do a back ground check based on my application. I hereby authorize the records requested by the Police Department in its investigation.

Signature of Applicant

Date Signed

FOR OFFICIAL USE ONLY

Police Department background check completed by: _____ Date: _____

Approved/Denied by: _____ Reason: _____

Attended the required educational course: YES / NO RENEWAL Copy of Certificate attached: YES / NO (circle one)

Fee Paid: \$ _____