

Town of Menominee Application for Beverage Operator's License

~~FEE'S ARE NON-REFUNDABLE~~

Name: (First) _____ (Middle Initial) _____ (Last) _____ (Previous Last Name) _____

Street Address _____ City _____ State _____ Zip Code _____

DOB: Month/Date/Year _____ Place of Birth (City/State/County) _____ Day Phone: _____
Evening Phone: _____

Wisconsin Resident? Yes No Number of Years: _____

Applicant's Past Places of Residency: _____

Current Occupation: _____ Past Occupations: _____

Where will you be employed as a Beverage Operator? _____

Have you ever had a Beverage Operator's License? Yes No If yes, where? _____

Have you ever had an Operator's License Revoked? Yes No If yes, reason why _____

Have you ever been convicted of a misdemeanor or ordinance violation in the **past five (5) years** (e.g. speeding, OWI, disorderly conduct, driving without a license, etc.) ? Yes No

If yes, when, where and what type of violation? _____

Have you **EVER** been convicted of any violation of the Wisconsin Statutes and/or a **FELONY** pertaining to the sale of alcoholic beverage and/or the manufacture, possession or deliverance of a controlled substance, or Battery or Assault?

Yes No If yes, when, where and what type of violation? _____

I certify that I have no delinquent taxes, assessments, or other claims in whole or part owed to neither the Town of Menominee nor any delinquent forfeiture resulting from a violation of any Town ordinance.

I further certify that I am familiar with the laws, ordinances and regulations pertaining to the sale of malt and liquor beverages and I hereby agree, if granted said license, to obey all provisions of said laws.

Under penalty of law, I swear that the information provided in the application is true and correct to the best of my knowledge and belief and that incomplete or incorrect information provided in response to the questions will be grounds for denial of this application.

Applicant's Signature _____ Date _____

MENOMINEE COUNTY

Notice To Applicant That A Criminal/Traffic Back Ground Check Will Be Generated

I am aware that a Criminal Back ground check is requested in connection with my terms of Liquor License/Operators License, Per WI State Stats. Information may be obtained through a Criminal Reporting Agency. Such a report is requested and in response to a request from me, you will inform me of the name and address of the consumer reporting agency which furnished the report. If I want further information regarding the nature and scope of the investigation, I will notify you. I authorize you to obtain such report(s).

Signature

Date

SSN _____ DOB _____

I request a copy of any consumer/investigative report generated, at the cost of \$1.25 per page.

I *do not* request a copy of any consumer/investigative report generated.