

APPLICATION FOR OPERATOR'S LICENSE

New-Full (\$25.00)
 Renewal-Full (\$25.00)
 New/Renewal-Partial (\$20.00)
 Provisional (\$15.00)
 Temporary (\$2.00)

I, the undersigned, do hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Sections 125.17, 125.32(2) and 125.68(2) of the Wisconsin Statutes and City of Marshfield Municipal Code 9-36 and all acts amendatory and supplementary of those sections, and thereby 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 is granted to me.

The license shall, if issued, be from the date of its issuance to June 30, 20____, unless the license is revoked for cause by the Common Council prior to that date.

APPLICANT'S FULL NAME (Please Print) (Last Name, First Name, Middle, Maiden)			
DATE OF BIRTH		PLACE OF BIRTH	
HOME ADDRESS		CITY	STATE
HOME PHONE #		WORK PHONE #	
NAME OF ESTABLISHMENT (Where license will be used)		DRIVERS LICENSE NUMBER	

Have you ever been convicted of a felony? No Yes

If so, state date, nature of offense and location:

Date Nature of Offense Location: City, County and State

Have you been cited/ticketed/arrested/convicted for any other offenses/moving violations in the last two years? No Yes

If so, state date, nature of offense and location (use back of the paper if you need more room):

Date Nature of Offense Location: City, County and State

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I, _____, certify that I am at least eighteen years of age and that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

Date: _____ Applicant's Signature _____

Receipt #	License # (New/Renewal)	License # (Provisional)	License # (Temporary)
Investigative Check completed by:			
RECOMMENDATION: Grant Not Be Granted			