

# TOWN OF LYONS

## APPLICATION FOR LICENSE TO SERVE ALCOHOLIC BEVERAGES

### TO THE TOWN BOARD OF LYONS, WISCONSIN:

I hereby apply for a license to serve, from date hereof to June 30, 20\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin 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.

### Answer the following questions fully and completely:

Name: \_\_\_\_\_ (First, Middle, Last)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

List Previous Names Used: \_\_\_\_\_

List Previous Addresses Used: \_\_\_\_\_

Is this Application new? Yes ☐ No ☐ Renewals for Town of Lyons only

As required by Wisc Statutes, have you completed the alcohol awareness course? \_\_\_\_\_

\*A copy of the Certificate of Completion MUST be submitted before a license can be approved.

Establishment you will be working at: \_\_\_\_\_

If you answer yes to any of the questions below, please give supporting data:

1. Have you been convicted of a felony? \_\_\_\_\_
2. Do you have any pending offenses relating to any felony? \_\_\_\_\_
3. Have you been convicted of violating any law regarding sale or use of alcoholic beverages? \_\_\_\_\_

If so, please list: Date(s) \_\_\_\_\_

Nature of Offense(s) \_\_\_\_\_

Court Location(s) \_\_\_\_\_

By signing this document, I 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 later revocation of this license, should it be granted. I am aware of the laws governing the sale of alcohol beverages and agree to abide by those laws. I understand the Clerk's office and/or the Police Department will perform a background check based on the information I provided on the application and consent to said background investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Use: Date of Background Check \_\_\_\_\_  
Approval by Town Board ☐ Approved ☐ Denied Date: \_\_\_\_\_