

**Town of Mineral Point**  
**Application for License to Serve Fermented Malt Beverage & Intoxicating Liquors**

Pursuant to Section 12.02, subject to limitations imposed by Wis Stats. 125.17 and 125.68(2)

**Circle One:   Renewal**

**New Application**

**Provisional**

\*\*\*\*\*

Answer the following questions and completely.

Name of Applicant: \_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_ Sex: M F

Driver License # \_\_\_\_\_ State \_\_\_\_\_

How long have you continuously resided in Wisconsin? \_\_\_\_\_

Place of Employment as an Operator? \_\_\_\_\_

How long have you been employed as an Operator? \_\_\_\_\_

Completed Beverage Server Training? YES NO (If yes where) \_\_\_\_\_

***New Applicants: Copy of Certification must accompany this application***

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**Have you ever been arrested for any crime? YES NO**

If yes, for what and when?

**Have you ever been convicted of any crime? YES NO**

If yes, for what and when?

**Are there pending criminal charges against you? YES NO**

If so, what??

**Have you ever been arrested for or convicted of any alcohol – related offenses?**

(Offenses may include, but are not limited to: operating a motor vehicle while intoxicated, underage drinking, procuring alcohol to underage persons, open intoxicants, etc.) If so, explain:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned affirms that he/she completed this form and answered the questions completely and honestly. The applicant understands his/her record will be checked by the Mineral Point Police Department and or Iowa County Sheriff's Department.  
**False information on this application may result in denial.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Town Clerk or Notary Public

My commission expires \_\_\_\_\_

<b>**FOR OFFICE ONLY</b>			
<input type="checkbox"/> Operator's License \$20.00	<input type="checkbox"/> Provisional License \$10.00		
Date filed: _____	Receipt # _____		
Background Check Complete: YES NO	Date: _____		
Certification of Completion provided YES NO	Date: _____		
Police Dept. Approval: YES NO	Initials: _____		
Council Approval: YES NO	Date: _____		
License# _____ Expires: _____			
Reason for Denial, if not approved _____			