

Application New ☐ \$20
Renewal ☐ \$10

APPLICATION FOR "SERVER'S LICENSE"
TOWN OF LITTLE Falls
Monroe County, Wisconsin

I, the undersigned, do hereby apply to the local governing body of the Town of Little Falls, Monroe County, Wisconsin, for a "Server's License" to serve Fermented Malt Beverages and Intoxicating Liquors, as provided by Wisconsin Statutes 125.32(2) and 125.68(2) for one year from date of issuance of license. I hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverage and liquors if a license be granted to me.

Employing Agency-name and address: _____

Applicant

Name _____ **Address** _____
Full Printed Name

Alias: _____

Birthday _____ **phone/cell #** _____ **Age** _____

New applicants must provide a copy of your Beverage Server Training completion certificate. Wisconsin Statutes: 125.17(6).

Have you ever been convicted of, or have charges pending for, any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? _____

If yes, list charges, dates of conviction or status of charges pending (use back of application if needed.)

I certify that all information provided on this form is true and correct. I am familiar with the laws, ordinances and regulations and I hereby agree, if granted said license, to obey all provisions of said laws. I hereby authorize employees of the Town of Little Falls to obtain information and records from law enforcement agencies, or other sources, to verify the information contained in this application.

Send copy of Photo Id (Wisconsin Driver's License)

Applicant Signature _____ Date _____

PRINTED NAME _____

Clerk Use Only:

Date Received _____ Date Background Check _____ Status of Background Check _____
License Approval Date _____ License Number _____