Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors.

	, Wis.,,		
To the	of the	of	Wisaansin
I hereby apply for a License to serve, from date her Intoxicating Liquors, subject to the limitation imposed thereof and supplementary thereto, and hereby agree affecting the sale of such beverages and liquors if a licen	eof to June 30,, inclusive (u d by Section 125.32(2) and 125.68(2 to comply with all laws, resolutions,	nless sooner revoked), Fern	nented Malt Beverages and es and all acts amendatory
I certify that I am years of age and do not	have an arrest or conviction record to	SS. 111.321, 111.322 and	111.335.
Birth Date,			
Drivers License #	Signature of Applicant		
Answer the following questions fully and con	npletely:		
Name of ApplicantFIRST			
FIRST	MIDDLE INITIAL	L	AST
Address of Applicant			
Is application new or a renewal?			
If renewal (within the past 2 years held a Class "A", "	Class A", "Class C", Class "B" or "C	Class B" license or permit of	or a manager's or operator's
license), where was the privilege obtained?			
As required by WI Statutes Section 125.17(6), have you	completed the alcohol awareness cou	ırse?	
If so, where?			
Have you been convicted of any felony or of violating a			
Date of such conviction			· ·
Name of Court			
Nature of offense			
Have you been convicted of violating any license law o			atoxicating liquors?
Name and address of physician signing your health cert	ificate filed herewith (if required)		
			<u> </u>
OTATE OF MICCONSIN		Signature of A	applicant
STATE OF WISCONSIN, County.	ss.		
signed the foregoing application for an operator's licens	, being first duly sworn se; that all that statements made by the	on oath says that (s)he is the applicant are true.	e person who made and
Subscribed and sworn to before me this		A	
day of,		Applicant sign her	e
Notary Public Cou	ntv. Wis.		