

STATE OF WISCONSIN
 Town of STOCKHOLM
 PEPIN County

**APPLICATION FOR LICENSE TO SERVE FERMENTED
 MALT BEVERAGES AND INTOXICATING LIQUORS**

NEW _____ RENEWAL _____

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Stockholm, Pepin County, Wisconsin for a license to serve, from date hereof to June 30, _____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 (2) and 125.68 (2) 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.

All questions on this application must be answered completely and accurately before it can be processed.
 Failure to do so could result in a delay or even denial of the application.

PLEASE PRINT - REFUNDS WILL NOT BE ISSUED ONCE APPLICATION HAS BEEN SUBMITTED.

Name of Applicant: _____
 (Last) (First) (Middle) (Maiden Name)

Address: _____ Phone Number: _____

City, State & Zip: _____

Date of Birth: _____ Sex: ___ Male ___ Female ___

Drivers License #: _____ Exp. date: _____ Issuing State: _____

Name of Licensed Business Where employed: _____

Answer the Following Questions Completely

| | | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. | Have you held an Operator's License within the past two years? (Attach proof) (if issued by the Town of Stockholm) License No. _____ | | |
| 2. | Have you completed responsible beverage server training course within the past two years, as required by WI Statutes Section 125.17 (6)? (Attach certificate) | | |
| 3. | Have you been convicted of a felony, which substantially relates to the alcohol beverage licensing activity? (If yes, please explain) _____ _____ | | |

| | | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 4. | Have you been convicted of any other violations and/or misdemeanors including traffic violations related to alcohol, controlled substances, resisting arrest/battery to a police officer/obstructing justice, disorderly conduct if in conjunction with activity at a licensed alcohol establishment? (If yes, please explain below. Stipulation/payment of fine for any offense is considered as a conviction). | | |
| _____ | | | |
| _____ | | | |
| 5. | Have you been denied a license to serve alcohol or had your license to serve alcohol revoked or suspended within the preceding twelve (12) months? | | |

I hereby certify that the information provided on this application is true and correct and understand that falsification of any information may be grounds for denial or revocation of this license.

I understand that failure to provide all required information may be grounds for denial of my alcohol beverage license.

I further I understand that the Town of Stockholm may have the Pepin County Sheriffs Department do a background check and hereby authorize the release of any and all records requested by the Town Board and the Pepin County Sheriffs Department in its investigation and further understand that the Sheriffs Department will provide that information to the Town Board.

(Applicant Signature)

(Date)

Subscribed and sworn to me on this _____ day of _____ 20____

(SEAL)

(Signature of Notary Public)
Notary Public, _____ County, WI
My Commission (is Permanent) or Expires: _____

License Fee: \$10.00 Regular License
\$10.00 for a 60 day Provisional license – granted until class has been completed.

Submit the completed application along with:
License fee and copy of Responsible Beverage Certificate (if first time applicant)
To: Stockholm Town Clerk ~ N2843 County Road E, Stockholm, WI 54769 ~ Phone: 715-448-0496 ~email:
clerk@townofstockholm.org

Date Received: _____ Fee Paid: _____
License issued: _____, Date: _____, License number: _____
License Denied: _____, Date: _____, Reason: _____

(Municipal Clerks Signature)

(Date)