OPERATORS (BARTENDERS) APPLICATION FOR LICENSE VILLAGE OF SOMERSET

Submit Application to:

Village of Somerset PO Box 356

Somerset, WI 54025

An Operator's License cannot be	issued unless applicant fulj	fills one of the following i	requirements:
(if no comple B. Have you within or Class "B" lice	the past two years held a W nse, a Manager's or a Oper eted a Beverage Server Trai	isconsin Class "A", Class	s "B", Class "A" SNO
I hereby apply for a license to serve Bee 125, and hereby agree to comply with a Local, affecting the sale of such beverag	ll laws, resolutions, ordinan	ces and regulations, Fede	
NAME			
(Last) ALIAS / NICKNAME	(Firs	(M.	fiddle)
ADDRESS			
(City)	(State)	(ZIP)	
TELEPHONE BIRTH DATE DRIVER'S LICENSE (State, Expiration, N	 Number)		
GENDER (MALE) (FE	MALE) ACK)(ASIAN) (AMERICAN I (NON-HISPA)	INDIAN) VIC)	
EYE COLOR (BLUE) (BROWN) (BL	ACK) (GRAY) (GREEN)	(HAZEL)	
HEIGHT BUILD (SLIGHT) (LIGHT) (MED	WEIGHT DIUM) (HEAVY) (VEI	RY HEAVY)	
Do you have pending any charge or ha	we you been convicted with	in the past five years of vi	olation of any law
or ordinance relating to the sale of liquity OPTIONAL QUESTION APPLICATION TO	ior or fermented malt bever ME PERIOD from JULY 1,		NO
AFFLICATION III	METERIOD from SCETT		
APPLICANT SIGNATURE	EE MUST ACCOMPANY A		TE
•	TION FEE MUST ACCOM	MPANY APPLICATION	*****
	APPROVED		
VII I ACE CLERK Liconso Nun	whar	Date Issued	

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Somerset, Wisconsin

Fee: \$7.00

PART "A"

To the governing body	of the Village of S	omerset, Wisconsin:			
revoked), Fermented N Section 125.32(2) and supplementary thereto	Mal Beverages and 125.68 of the Wiso o, and hereby agre	erve, from date hereof to a lintoxicating Liquors, so consin Statutes and all are to comply with all law ting the sale of such be	ubject to the limit acts amendatory vs, resolutions, or	ations impose thereof and dinances and	d by
	rest, the Clerk ma	age and (do)(do not) ha y determine the details			
Details of pending cha	rge:				·
CHECK ONE	2.2.2.2		AND		
CHECK ONE:					
I further ce	rtify that I have no	conviction record.			
I certify tha	t I have a conviction	on record as set forth in	n Part B.		
offenses the circumsta	nces of which sub	the licensing authority stantially relate to the 111.325, Wisconsin Sta	circumstances of		
Birth Date:					
			Signatu	re of Applicant	
		Part "B"			
Answer the following o	questions fully and	l completely:	Telephone #:		***
Name of Applicant					
	First	Middle Initial	Last		
Address of Applicant	Recorded to the control of the contr	MINITED TO THE PARTY OF THE PAR	- AND -		
	Street		City	State	Zip

Have you been convicted of any felony?
Date(s) of such conviction(s)
Name of Court(s)
Nature of Offense(s)
Have you been convicted of any misdemeanor(s)? Yes No
Date(s) of such conviction(s)
Name of Court(s)
Nature of Offense(s)
Have you been convicted of violating an Ordinance or other offense (i.e. traffic)? YesNo
Date(s) of such conviction(s)
Name of Court(s)
Nature of Offense(s)
Have you been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? YesNo
Date(s) of such conviction(s)
Name of Court(s)
Nature of Offense(s)
CERTIFICATION
ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.
Signature of Applicant Date Signed