

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

for the
City of Colby
Colby WI

I hereby apply for a license to serve, from date hereof to June 30, 20____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 66.054(11) and 176.05(11) of the WI 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 be granted to me.

NOTICE: THIS APPLICATION WILL NOT BE CONSIDERED FOR APPROVAL UNLESS ALL SECTIONS ARE COMPLETED.

Name of Applicant _____
First Middle Last
Address _____ City/State _____
I am ____ years of age. Date of Birth: ____/____/____ SS# _____ Phone Number _____

____ **NEW OPERATOR'S LICENSE – \$15.00**
Have you completed the Responsible Beverage Course?
____ YES - Year Completed _____ (Copy of certificate attached)
____ NO - I have held a license within the last two years (Copy of license attached)
____ NO - I am registered to take class on _____ AND
____ I would like a PROVISIONAL LICENSE (\$15.00) until I am able to complete the course.
____ **RENEWAL OPERATOR'S LICENSE – \$5.00**

Date Paid _____ By _____ Pick Up or Mail _____

THIS BOX MUST BE COMPLETED BY ALL APPLICANTS

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States: _____

Have you been convicted of violating any license law or ordinance regulating the sale of fermented beverages or intoxicating liquors? _____

If you answered Yes to either question above, explain below.

Date of Conviction: _____ Name of Court: _____

Nature of Offense: _____

Date of Conviction: _____ Nature of Offense: _____

Attach additional sheets if necessary

State of Wisconsin)
County of Clark)

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. I understand that **false, misleading or incomplete** information may result in rejection of my application. I do hereby authorize the City of Colby to conduct an investigation into the facts presented on this application.

X _____
Signature of applicant

Subscribed and sworn before me this _____
day of _____.

Printed Name _____
Notary Public, _____ County, WI
My term expires: _____