

**APPLICATION FOR LICENSE TO SERVE  
FERMENTED MALT BEVERAGES & INTOXICATING LIQUORS  
VILLAGE OF SLINGER**

**Instructions:** Neatly print and complete all information. **If you are unsure how to complete any section of this form, please ask for assistance. A false or incomplete answer or statement on this application may result in denial or revocation of the license. FEES ARE NON-REFUNDABLE.**

I hereby apply for a license to serve, from hereof to June 30, 2021, inclusive (unless sooner revoked), to sell 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 is granted to me. As the applicant I grant the Village of Slinger authorization to obtain any information and records pertaining to me from any sources and I hereby release any individual or institution from any and all liability for damages of whatever kind which may result to me, my heirs, family, or associates because of compliance with the authorization and request to release information.

**New Applicant  Renewal  Where will you work or tend bar? \_\_\_\_\_**  
**(New Applicants must show proof that they have taken the Responsible Beverage Service Class (certificate copy) or have had a license in another municipality within the past 2 years or less from the date of application.)**

**ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY**

**I am a Citizen of the United States? Yes \_\_\_ No \_\_\_**

**Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

**Address:** \_\_\_\_\_  
(# & Street) (City) (State) (Zip Code)

**Telephone #:** (\_\_\_\_) \_\_\_\_\_ **Male  Female**

**Number of Years at This Address:** \_\_\_\_\_  
(If less than 5 years, please submit previous addresses on reverse side)

**Date of Birth:** \_\_\_\_\_ **Place of Birth (CITY OR COUNTY):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Have you EVER been convicted of ANY felony or misdemeanor for violation of Federal or State laws, any laws of any other States, any ordinances of any Municipality, or are there any criminal charges presently pending against you? This should include citations and/or tickets of any kind.**

Yes \_\_\_ No \_\_\_ (If Yes, Explain Fully on Reverse Side)

**Have you EVER been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? Yes \_\_\_ No \_\_\_**

If Yes, Explain \_\_\_\_\_

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**PREVIOUS ADDRESSES**

<u>Street Address</u>	<u>City &amp; State</u>	<u>Length of Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If you answered Yes to being convicted of a Felony/Misdemeanor on Side One (1), outline details below.**

CONVICTION(S)

Charge: \_\_\_\_\_

Local Ordinance/State Law/Federal Law: \_\_\_\_\_

Where Convicted: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ Penalty: \_\_\_\_\_

Misdemeanor: \_\_\_\_\_ Felony: \_\_\_\_\_

Other Charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PENDING CHARGE(S)

Charge Pending: \_\_\_\_\_ Date: \_\_\_\_\_

Local ordinance/State Law/Federal Law: \_\_\_\_\_

Other Pending Matters: \_\_\_\_\_