

City of Blair

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

FROM: July 1, 2021 TO: June 30, 2022

New _____ Renewal _____

I hereby apply for a License to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the laws of the State of the Wisconsin and hereby agree to comply with all laws, ordinances, regulations, Federal, State, and local, affecting the sale of such beverages and liquors if a license be granted to me.

First Name	Middle Initial	Last Name
Address		City, State
		Zip
Date of Birth	Phone #	SS #
Drivers License #		Employed at

Have you ever been convicted of any violation of federal, state, or local laws?
(Convictions include criminal, traffic, and local ordinance convictions.)
Yes _____ No _____

Are there any pending charges against you?
("pending charges" includes pending citations, tickets, and criminal charges)
Yes _____ No _____

If you answered yes to any of the above questions, please list all below.
If more space is needed, use the back of this application.

Year	List any convictions and any pending charges	County and State

**ANY INCORRECT OR MISSING INFORMATION WILL BE GROUNDS FOR
REJECTION OF YOUR APPLICATION.**

Subscribed and sworn to before me this _____
day of _____, 20____

Notary Public: _____

My commission expires: _____

The undersigned being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for a license, and that all statements made by the applicant are true and correct.

Signature _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name <i>(please print)</i> <i>(last name)</i> <i>(first name)</i> <i>(middle name)</i>				
Home Address <i>(street/route)</i>	Post Office	City	State	Zip Code
Home Phone Number	Age	Date of Birth	Place of Birth	

The *above named individual* provides the following information as a person who is *(check one)*:

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

_____ of _____
(Officer / Director / Member / Manager / Agent) *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? _____
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Signature of Named Individual)