

**TOWN OF JACOBS
PO BOX 184
GLIDDEN, WI 54527
715-264-4851**

License Type
 New
 Provisional
 Renewal

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS (OPERATOR'S LICENSE)

Applicant (Last Name, First Name, Middle Name)

Street Address

City

State

Zip

Date of Birth

Telephone #

Driver's License

1. Have you ever been convicted of any felony or misdemeanor for violation of any Federal law, any Wisconsin law and laws of any other states or ordinances of any municipality? Yes No

If you answered Yes, please complete the following, use the back side if additional spaces are required:

Date of Offense	Nature of Offense
<u>1</u>	
<u>2</u>	
<u>3</u>	
<u>4</u>	
<u>5</u>	
<u>6</u>	

2. Are there any criminal charges pending against you? Yes No
If you answered Yes, please complete the following:

Date	Name of Court	Nature of Offense

Penalty Imposed	Pending Charges

3. Have you ever been convicted of any violation of any license law or ordinance regulating the sale of intoxicating liquors or beverages? Yes No

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 Wisconsin Statutes and all acts amendatory thereof and supplementary thereto. I 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. I hereby agree to a check of my arrest and conviction records as part of this application.

_____ (Print Name of Person Applying for License), affirms that he/she is the person who made and signed the foregoing Application for an Operator's License and that all the statements made by the applicant are true. I understand that any intentional misrepresentation, falsification, withholding of information, or incomplete answers to questions on this Application will result in rejection of the Application.

Signature of Person Applying for License

Where will you be working?

Date

PLEASE PROVIDE PROOF OF WISCONSIN OPERATOR LICENSE OR CERTIFICATE OF COMPLETION OF RESPONSIBLE BEVERAGE SERVER COURSE WITHIN THE LAST 2 YEARS

TB Approval: