

**APPLICATION FOR LICENSE TO SERVE FERMENTED
MALT BEVERAGE AND INTOXICATING LIQUORS
CITY OF HORICON, WI., _____, 20____
TO THE COUNCIL OF THE CITY OF HORICON, WI**

FEE: \$25.00	1 Yr. License _____	NEW APPLICATION _____
\$45.00	2 Yr. License _____	
\$15.00	Provisional _____	RENEWAL _____

All pertinent blanks must be filled and questions answered before this application can be processed. Please print clearly. If additional space is needed, add an attachment.

I hereby apply for a license to serve, from date of license approval to June 30, _____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to limitations imposed by Section 125.32 (2) and 125.68 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.

I certify that I have been a resident of the State of Wisconsin since _____ and of the (circle one) City/Village/Town of _____; and I am _____ years of age.

I authorize an agent of the City of Horicon to submit a driver inquiry notice to the Wisconsin Department of Transportation and an identification record request pursuant to Wisconsin Statutes 19.35(1) and 165.82 to the Department of Justice regarding any felony or misdemeanor violations.

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

1. Name (print) _____

First	Middle	Last	Maiden
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2. Address _____

Street/PO Box	City/Village/Town	State/Zip
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3. How long have you lived at the above address? _____. If less than 10 years, please submit previous addresses on back.
4. Date of Birth _____ Place of Birth _____

Month	Day	Year	
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5. Phone Number _____
6. If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B", or "Class B" license or permit or a Manager's or operator's license), where was the privilege obtained? _____

	City	Town	Village
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7. As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____
 If yes, where? _____
8. Where will you work? _____
9. Have you **EVER** been convicted of **ANY** violation of law (including traffic violations) in the State of Wisconsin or the United States? _____
 - A. Nature and date of offense _____
 - B. Have you **EVER** been charged or convicted of a felony in Wisconsin or the United States? _____
 - C. Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? _____

DATE PAID: _____

RECEIPT NO.: _____

(OVER)

STATE OF WISCONSIN
Dodge County

_____, being first duly sworn on oath says the (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.

Previous Addresses: _____

Applicant Sign Here

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

Notary Signature: _____
City of Horicon Clerk/Deputy Clerk
Dodge County

(FOR POLICE DEPARTMENT USE ONLY; DO NOT WRITE BELOW THIS LINE)

I have received the information submitted within this application and have found it to be:

Accurate _____ Inaccurate _____ Incomplete _____ Fraudulent _____

COMMENTS: _____

In addition, I have found supplemental background information on the applicant which is substantially related to circumstances of the licensee's activity and should be considered in the issuance of the requested license.

COMMENTS: _____

Based upon this information, I recommend that the license be:

Approved _____ Denied _____

Joseph W. Adamson, Chief of Police

Date