

**APPLICATION FOR LICENSE TO SERVE FERMENTED  
MALT BEVERAGES AND INTOXICATING LIQUORS**

Renewal \_\_\_\_\_  
Initial \_\_\_\_\_

Provisional \_\_\_\_\_

Operator License \$15.00

To the Town Board of the Town of Caledonia, Waupaca County, Wisconsin:

*I hereby apply for a license to serve, from the date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125.32 (2) and 125.68 (2), Wisconsin Statutes, and all acts amendment 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 be granted to me.*

**ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY. (Please Print)**

Applicant's Place of Employment: \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
First Name Middle Name Last Name (Previous Name, if any)

Address of Applicant \_\_\_\_\_  
\_\_\_\_\_

Drivers License No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address: \_\_\_\_\_  
Month/Day/Year

Have you been convicted of any felony, misdemeanor, or ordinance violation (other than traffic violations)?  
Yes No If yes, answer what, when and where? \_\_\_\_\_  
\_\_\_\_\_

Are there any criminal charges pending against you? Yes No If yes, provide details: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant Date

*I certify that I am a citizen of the United States and have been a resident of the State of Wisconsin continually since \_\_\_\_\_.  
I realize that any falsification or misleading information on this application is grounds for revocation of any license issued.*

STATE OF WISCONSIN  
WAUPACA COUNTY

\_\_\_\_\_ being first duly sworn on oath says that they are the person who made and signed the foregoing application for an operator's license; that all the statements of the application are true.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_\_

To be completed by Clerk:

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License Year 20\_\_\_\_

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License No Issued: \_\_\_\_\_

Date app received by clerk: \_\_\_\_\_

Name: \_\_\_\_\_

Payment received: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Place of Employment: \_\_\_\_\_

Resp Beverage Service Course: \_\_\_\_\_

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**POLICE DEPARTMENT**

It is recommended that:

\_\_\_ License be granted

\_\_\_ License be denied

Reason for denial: \_\_\_\_\_

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Town Board approval: \_\_\_\_\_