

City of Mineral Point

Application for License to Serve Fermented Malt Beverage & Intoxicating Liquors

Pursuant to Section 12.02, subject to limitations imposed by Wis Stats. 125.17 and 125.68(2)

Circle One: Renewal **New Application** **Provisional**

Answer the following questions and completely.

Name of Applicant: (First)_____ (MI)_____ (Last) _____ Phone(____)_____-_____

Address of Applicant: _____ City_____ State_____ Zip_____

Date of Birth_____ Social Security#_____ Sex: M F

Driver License # _____ State _____

How long have you continuously resided in Wisconsin?_____

Place of Employment as an Operator?_____

How long have you been employed as an Operator?_____

Completed Beverage Server Training? YES NO (If yes where)_____

New Applicants: Copy of Certification must accompany this application

Have you ever been arrested for any crime? YES NO

If yes, for what and when?

Have you ever been convicted of any crime? YES NO

If yes, for what and when?

Are there pending criminal charges against you? YES NO

If so, what??

Have you ever been arrested for or convicted of any alcohol – related offenses? (Offenses may include, but are not limited to: operating a motor vehicle while intoxicated, underage drinking, procuring alcohol to underage persons, open intoxicants, etc.) If so, explain:

The undersigned affirms that he/she completed this form and answered the questions completely and honestly. The applicant understands his/her record will be checked by the Mineral Point Police Department.

False information on this application may result in denial.

Signature

Date

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

City Clerk or Notary Public
My commission expires_____

**FOR OFFICE ONLY			
<input type="checkbox"/> Operator's License \$20.00		<input type="checkbox"/> Provisional License \$10.00	
Date filed:_____		Receipt # _____	
Background Check Complete:	YES NO	Date:	_____
Certification of Completion provided	YES NO	Date:	_____
Police Dept. Approval:	YES NO	Initials:	_____
Council Approval:	YES NO	Date:	_____
License#_____	Expires: _____		
Reason for Denial, if not approved_____			