



City Clerk's Office **APPLICATION** 414-425-7500

**For License to Serve Fermented Malt Beverages and Intoxicating Liquor (Operator's License)**

Application date \_\_\_\_\_ Tavern/Restaurant Employer \_\_\_\_\_

Renewal  New  Attach proof of successful completion of *Responsible Beverage Server* course.

Driver's License Number \_\_\_\_\_

To the Common Council of the City of Franklin, Wisconsin:

I hereby apply for a license to serve fermented malt beverages and intoxicating liquors, subject to the limitations imposed by §125, Wisconsin Statutes, and all acts amendatory thereof and supplemental 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 is a license is granted to me. I understand said license will be valid from the date of issue to midnight June 30<sup>th</sup> of the year in which said license is issued.

I certify that I have been a resident of the State of Wisconsin continuously since \_\_\_\_\_, and of the City/Town/Village of \_\_\_\_\_ continuously since \_\_\_\_\_.

Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ City & State or City & Country \_\_\_\_\_ Age \_\_\_\_\_

**Answer the following questions FULLY & COMPLETELY**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-mail \_\_\_\_\_

List any other names known by: \_\_\_\_\_

Addresses for the past 5 years

_____	From	_____	to	_____
_____	From	_____	to	_____
_____	From	_____	to	_____
_____	From	_____	to	_____
_____	From	_____	to	_____
_____	From	_____	to	_____

Send License to: \_\_\_\_\_

(Address)

***(complete back of form)***

**Do you currently have pending against you ANY charges for ANY violation of ANY federal, state or local laws?**

O Yes O No – If Yes, specify all offenses, giving dates of charges \_\_\_\_\_

**Have you ever been arrested for or convicted of any offense, whether federal, state or local, subject to §§111.321, 111.322 or 111.335, Wisconsin Statutes?**

O Yes O No – If Yes, specify all offenses, giving dates and places of arrests and convictions \_\_\_\_\_

STATE OF WISCONSIN)

SS

MILWAUKEE COUNTY)

I, *(PRINT FULL NAME HERE)* \_\_\_\_\_ ,

**BEING FIRST DULY SWORN ON OATH, DEPOSES AND SAYS THAT I AM THE PERSON NAMED IN THE FOREGOING APPLICATION, THAT I HAVE CAREFULLY READ ALL THE QUESTIONS ASKED IN SAID APPLICATION, THAT I HAVE MADE A COMPLETE ANSWER TO EACH QUESTION AND THAT MY ANSWER IN EACH INSTANCE IS TRUE AND CORRECT.**

***(SIGN ONLY BEFORE A NOTARY PUBLIC)***

\_\_\_\_\_  
*APPLICANT (SIGNATURE MUST BE WITNESSED & NOTARIZED)*

**SUBSCRIBED & SWORN TO BEFORE ME THIS**

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC, COUNTY OF MILWAUKEE, STATE OF WISCONSIN**  
**My COMMISSION EXPIRES \_\_\_\_\_.**

