

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

for the  
**City of Colby**  
Colby WI

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 WI 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 be granted to me.

**NOTICE: THIS APPLICATION WILL NOT BE CONSIDERED FOR APPROVAL UNLESS ALL SECTIONS ARE COMPLETED.**

<b>Name of Applicant</b> _____			
First	Middle	Last	
<b>Address:</b> _____			
I am ____ years of age. Date of Birth: ___/___/___ SS# _____ Phone Number _____			

<p>____ <b>NEW OPERATOR'S LICENSE – \$15.00</b></p> <p>Have you completed the Responsible Beverage Course?</p> <p>____ YES - Year Completed _____ (Copy of certificate attached)</p> <p>____ NO - I have held a license within the last two years (Copy of license attached)</p> <p>____ NO - I am registered to take class on _____ AND</p> <p>____ I would like a <b>PROVISIONAL LICENSE (\$15.00)</b> until I am able to complete the course.</p> <p>____ <b>RENEWAL OPERATOR'S LICENSE – \$5.00</b></p> <p>Date Paid _____ By: _____</p>
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<p><b><u>THIS BOX MUST BE COMPLETED BY ALL APPLICANTS</u></b></p>
<p>Have you been convicted of any felony or of violating <b>any law</b> of the State of Wisconsin or of the United States: _____</p> <p>Have you been convicted of violating any license law or ordinance regulating the sale of fermented beverages or intoxicating liquors? _____</p> <p><u>If you answered Yes to either question above, explain below.</u></p> <p>Date of Conviction: Name of Court: _____</p> <p>Nature of Offense: _____</p> <p>Date of Conviction: _____ Nature of Offense: _____</p> <p style="text-align: center;">Attach additional sheets if necessary</p>

<p>State of Wisconsin )</p> <p>County of Clark )</p> <p>_____, being first duly sworn on oath says that (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. I understand that <b>false, misleading or incomplete</b> information may result in rejection of my application. I do hereby authorize the City of Colby to conduct an investigation into the facts presented on this application.</p> <p>X _____ Subscribed and sworn before me this _____</p> <p>Signature of applicant day of _____ . _____</p> <p>Printed Name _____</p> <p>Notary Public, _____ County, WI</p> <p>My term expires: _____</p>
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