

**TOWN OF YORKVILLE**

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

ANNUAL LICENSE: \$30.00

TEMPORARY LICENSE: \$5.00

I hereby apply for a license to serve fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Wisconsin Statutes Sections 125.32(2) and 125.68(2) and all acts amendatory thereof and supplementary thereto; I hereby agree to comply with all laws, resolutions, ordinances and regulations, whether they be federal, state or local, affecting the sale of such beverages and liquors should a license be granted to me. I submit the following in support of my application:

Name \_\_\_\_\_  
Last First Middle Initial Maiden

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_

Have you completed training on alcoholic beverage regulations? Y / N

Completion Date \_\_\_\_\_

Have you ever possessed an Operator's License? Y / N

If so, list most recent licensing municipality \_\_\_\_\_

License expiration date \_\_\_\_\_

Premises where license will primarily be used \_\_\_\_\_

Have you ever been ticketed, arrested, convicted, fined or have any charges pending against you for any violation of federal, state or municipal laws, including for a felony, misdemeanor, civil offense, alcohol-related traffic offense or violation of any law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors, either as an adult or as a juvenile? No \_\_\_\_ Yes \_\_\_\_ (If yes, provide details below. Use a separate sheet if necessary)

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Violation: \_\_\_\_\_

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Violation: \_\_\_\_\_

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Violation: \_\_\_\_\_

I depose and state that I am the person in the foregoing application; that I have read and made a complete, true and correct answer to each question; that I consent to a full investigation of my background by the Town of Yorkville; that its elected officials, employees and agents shall use any and all information obtained in said investigation to determine my competency to be issued the license for which I am applying. I further understand that any license issued contrary to Wisconsin Statutes Chapter 125 shall be void, and, under penalty of state law, I may be prosecuted for submitting false statements and affidavits in connection with this application. I further acknowledge that any false statements on this application will result in an automatic license denial.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Only to be signed in the presence of a Notary Public**

\_\_\_\_\_, being duly sworn under oath, says that (s)he is the person who made and signed this application for an operator's license and says that all statements made above are complete, true and correct.

Stamp Here

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

Attest: \_\_\_\_\_ My Commission Expires On: \_\_\_\_\_

**TO BE COMPLETED BY TOWN**

Application Received: \_\_\_\_\_ Fee Received: \$ \_\_\_\_\_ Experience Provided: Server Training / Past License

Date of Server Training / Past License: \_\_\_\_\_ Record Check Results: \_\_\_\_\_

Board Action: Approve / Deny Board Action Date: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_ License #: \_\_\_\_\_