

Town of Union
Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Application Date: _____ (for office use) **License # issued:** _____

Place of Employment: _____

Print Applicant's Full Name: _____

Date of Birth: _____ **Driver's License #** _____

Social Security # _____ **Phone #** _____

Cost of License is: \$12.00 for new applicants to the Township (include copy of Seller/Buyer Certification with Application to License your application) or \$5.00 for renewals, which expire June 30th yearly.

To the Town of Oakland Burnett County, Wisconsin:
I hereby apply for a License to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Sec. 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereof, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal State or Local effecting the sale of such beverages and liquors if a license be granted to me.
I certify that I am _____ years of age and do not have an arrest or conviction record.

_____ Signature of applicant
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Please answer the following questions fully and completely:

Name of Applicant: _____
 First Middle Last

Address: _____

1. How long have you continuously resided in this State? _____
2. Have you ever received a citation for selling to minors? _____
3. Have you ever been convicted of any felony or misdemeanor for violation of any Federal laws, any laws of any States, or ordinances of any Municipality? _____ If so, identify law or ordinance violated, trial court, date and penalty imposed, and/or date, description and status of charge. _____
4. Are there any charges currently pending against you for violation of any Federal laws, any laws of any States, or ordinances of any Municipality? _____ If so, identify _____
5. Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented beverages or intoxicating liquors? _____ If so, what was the offense and date? _____

I have read and fully completed this application to the best of my knowledge. I understand and agree that the Town of Oakland can and may request a background/record check as to the truth of the information I have given on this application. **I also understand that if any of the information supplied on this application is false, my operator's license will be revoked. I also understand that this application, as advised by the State and to eliminate the liability on the Clerk, must by notarized before it is submitted.**

_____ Signature of Applicant