

Fee = \$25

City of Marion
APPLICATION FOR AN OPERATOR'S LICENSE
to serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, to hereby respectfully make application to the local governing body of the City of Marion, County of Shawano and Waupaca, Wisconsin 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 125.32(2) and 125.68 (2) of the Wisconsin 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 if a license be granted to me. I certify that I do not have an arrest or conviction record to s.s. 111.321, 111.322, and 111.335. Answer the following questions fully and completely:

[] New Applicant [] Renewal Application I will be primarily bartending at: _____

Full Name of Applicant (including middle initial) _____ Maiden Name _____

Physical and Mailing Address of Applicant including city, state and zip code. _____

I certify that I am _____ years of age. Date of Birth: _____ Phone: _____

If this is a renewal (within the past two years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? _____

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____

If yes, where? _____

Attach a copy of said certificate of successful completion to this application.

Have you been convicted of violating any law of the State of Wisconsin or of the United States? _____ If yes, please list below.

Date of conviction _____ Name of Court _____

Nature of Offense _____

(If you need additional space, please use the backside of this form.)

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? _____ If yes, please list below.

Date of conviction _____ Name of Court _____

Nature of Offense _____

(If you need additional space, please use the backside of this form.)

Included in this application is the required fee of \$25.00 Application will not be processed until payment is made.

Signature of Applicant

Date of Application

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

For Office Use Only Form revised 29MAR19
Cash/Check _____ Certificate on File _____ Date of Council Meeting _____ [] Approved [] Denied
Provisional License # _____ Date Issued _____ Expires _____
Regular License # _____ Date Issued _____ Expires _____