## Application for License to Serve Fermented Malt Beverages & Intoxicating Liquors

## City of Bayfield, Wisconsin

To the Common Council of the City of Bayfield:

I hereby apply for a license to serve, from hereof to June 30, \_\_\_\_\_, 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 the laws, resolutions, ordinance and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions full and completely (please print):

I certify that I am \_\_\_\_\_ years of age.

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

Date of such conviction(s):

Name of Court: \_\_\_\_\_ Nature of Offense: \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

I certify that all the statements made by the applicant are true.

Signature of Applicant

New: Renew	al: Fee: <u>\$30.00</u>
Location:	
Background-Sent	: Approved:
Council Approved:	
Receipt No.:	
-	

## APPLICATION FOR A LICENSE AND AUTHORIZATION FOR CRIMINAL HISTORY CHECK

## City of Bayfield, Wisconsin

APPLICANT'S NAME:		
DATE OF BIRTH:	SOCIAL SECURITY #:	
CURRENT ADDRESS:		
TELEPHONE NUMBER: () -		
LIST OF RESIDENCE FOR LAST 5 YEARS:		
1. 2. 3.		
4		
5		

TYPE OF LICENSE APPLYING FOR: \_\_\_\_\_

I the undersigned have applied for a license through the City of Bayfield, and hereby consent for the City of Bayfield Police Department to conduct a criminal history background check that may include, photograph and fingerprints. This information to be used in licensing consideration by the City of Bayfield.

I also hereby release the Bayfield Police Department and any other Municipal, State, Federal Law Enforcement, and the City of Bayfield, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and release of information.

APPLICANT'S SIGNATURE

WITNESS: \_\_\_\_\_\_ DATE: \_\_\_\_\_