

TOWN OF FRIENDSHIP

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

LICENSE PERIOD – JULY 1st THROUGH JUNE 30th, 2 Year License

New License (\$38)

Renewal License (\$30)

Mail Application and Fee to: Town of Friendship N8603 Lakeshore Drive, Fond du Lac, WI 54937 540-623-0761

A **FALSE** or **INCOMPLETE** answer or statement in this application may result in denial or revocation of the license

Please Print

Name of Applicant: _____
Last First Middle

Home Address: _____

City: _____ State: _____ Zip: _____ Phone/Cell: _____

Date of Birth: ____/____/____ Sex: M F Social Security Last Four #s _____

Driver's License #: _____ Issuing State: _____

Attach copy of Driver's License (not needed for renewal licenses)

Name of establishment? _____ Establishment Phone _____

NEW APPLICANTS

Have you completed the Responsible Beverage Server Course within the last 2 years? YES NO **Attach a copy**

OR

Have you held a valid Operator License in the State of WI within the last 2 years? YES NO **Attach a copy**

If yes, indicate Municipality: _____ and License number: _____

I certify that: I am familiar with all laws, resolutions, ordinances and regulations, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and will obey all provisions thereof.

Have you ever been convicted of a felony? NO YES If yes, state date, nature of offense and location:

Date Nature of Offense Location: City, County and State (use back of form if needed)

Have you been arrested or issued citations for any other offenses? NO YES If yes, state date, nature of offense and location:

Date Nature of Offense Location: City, County and State (use back of form if needed)

I hereby make application for an Operator's License from the date hereof to June 30, 20____, inclusive, (unless revoked sooner) to dispense alcoholic beverages on premises requiring a retail Class "A", "Class A", Class "B", or "Class B" license, all subject to provisions of and limitations imposed by Chapter 125 of the WI Statutes and all acts amendatory thereof and supplementary thereto.

I further certify that all statements made above are true. I give the Town of Friendship permission to perform any necessary checks to verify the above statements. I understand if any false statements are made on this application it may be grounds for denial. I further agree to comply with and be bound by all laws, ordinances, rules, regulations and penalties pertaining to the requested license. I understand that all fees are non-refundable.

Date _____

Applicant's Signature _____

-- For Office Use Only --

Date Paid	Amount Paid	Paid By	License No
Results of Background Check		Date Approved by Town Board	