

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

Town of Hull, WI ___/___/20___

To the Board of the Town of Hull, Wisconsin;

I hereby apply 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 and Local, affecting the sale of such beverages and liquors if a license is granted to me.

I certify that I am _____ years of age.

New - \$20.00 (1 year license)

Date of Birth _____

Renewal - \$30.00 (2 year license)

Answer the following questions fully and completely:

Name of Applicant _____

Address of Applicant _____

A. Have you been convicted of any felony? YES ___ NO ___

Date of Conviction _____

Nature of Offense _____

Name of Court _____

B. Do you have any pending offense(s) relating to any felony? YES ___ NO ___

Nature of Offense _____

Name of Court _____

C. Have you been convicted of violating any license law or ordinance regulating the sale or use of beverages or intoxicating liquors? YES ___ NO ___

Date of Conviction _____

Nature of Offense _____

Name of Court _____

D. Do you have any pending offense(s) relating to violation(S) of any license law or ordinance regulating the sale or use of beverages or intoxicating liquors? YES ___ NO ___

Nature of Offense _____

Name of Court _____

E. Have you been convicted within the last 5 years of violating any other law of the State of Wisconsin, of the United States or ordinance(s) of any municipality? YES ___ NO ___

Date of Conviction _____

Nature of Offense _____

Name of Court _____

**Additional information on the reverse side must also be completed by all
applicants.**

F. Do you have any pending offense(s) relating to violations of any other law of the State of Wisconsin, of the United States or ordinance(s) of any municipality? YES ___ NO ___

Nature of Offense(s) _____

Name of Court _____

INCOMPLETE OR OMISSION OF LAW VIOLATIONS IS CAUSE FOR DENIAL. ANOTHER APPLICATION CAN BE FILED IN 3 MONTHS FROM DATE OF DENIAL. NO REFUNDS!

Signature of Applicant

STATE OF WISCONSIN
ss.
Portage County

_____, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me
this ___ Day of _____, 20___

Signature of Applicant

Notary Public, Portage County, WI

POLICE AUTHORIZATION FORM

I authorize any police agency to release to Town of Hull, County of Portage, WI, any criminal history that I may have. This authorization is in conjunction with my application for an Operator's License.

SIGNED: _____

DATED: ___/___/20___

PLEASE COMPLETE:

NAME: _____,
(Last) (First) (Middle) (Maiden)

ALIAS: _____

DATE OF BIRTH: ___/___/___ PHONE NUMBER (___) _____

CURRENT ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

DRIVERS LICENSE #: _____

BAR WORKING AT? STEVENS POINT COUNTRY CLUB, JORDANS, BACKWOODS, THE WATERS OR MOREYS