Village of Eagle Wisconsin Application for a License to Serve Alcohol Beverages

ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND PRINT CLEARLY: Establishment in the Village of Eagle you intend to serve at Name Last: First: Middle Address (#, Street, City, State, Zip) Phone: Cell (_____)_____ Home (_____)____ Birthdate _____ Driver's License Number and State _____ List all previous names _____ List all previous addresses for past 5 years. Attach additional pages if necessary. (Write "n/a" if you have lived at your current address five or more years.) Yes No Per WI Statutes Section 125.17(6), have you completed the alcohol awareness course? Copy of Certificate of Completion MUST be submitted with application. Yes No Other than minor NON-CRIMINAL traffic violations, have you ever been charged or convicted of violating ANY law in Wisconsin or any other state in the United States? You MUST include any *NON-CRIMINAL Operating a Motor Vehicle Under the Influence of Intoxicants. List nature of all Charge(s)/ State/ Date of Conviction or Disposition of case(s)/ County where case was managed in a court of law. Misrepresentations or omissions may result in denial of license. Example: Disorderly Conduct / Michigan / December 16, 2013 / Guilty / Crawford County

I hereby apply for a license to serve, from date hereof to the next required annual renewal date of June 30 (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, Federal, State or Local, affecting the sale of alcohol beverages should a license be granted to me.

By signing this document I certify that the information provided on the application is true and correct. I understand that failure to provide all required information shall be grounds for denial of my alcohol beverage license. I further understand that falsification of any information shall be grounds for denial or later revocation of this license, should it be granted. I am aware of the laws governing the sale of alcohol beverages and agree to abide by those laws. I understand that the Clerk's office and/or the Police Department will perform a background check based on the information I provided on this application and consent to said background investigation.

STATE OF WISCONSIN, WAUKESHA COUNTY

| Subscribed and sworn to before me this | Day of | , 20 |
|--|-----------------------------|---|
| Signature of Applicant | | |
| Notary Public, Waukesha County, Wisconsin_ | | |
| My Commission Expires | or if permanent, check here | |
| OR | Village of Eag | e Clerk |
| <u> </u> | OR OFFICIAL USE ONLY | |
| or Renewal Application \$30.00 (must ha | ave servers certificate | |
| of servers course) Date provisional license | | other municipality or proof of enrollment |
| Yes No If this is a provisional, in the past two years has permit or a Manger's or Operator's License? If yes, in what city, town or village was the private of the private | | |
| Total amount Paid: C | cash or Check# | |
| Date Application Received: | | |
| Background check completed by: | | _ Date: |
| Approved by Village Board of Trustees: Date of Decision | Yes[| No |

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