

TOWN OF MONTROSE

1341 Diane Avenue, Belleville WI, Dane County, Wisconsin website: townofmontrose.com

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

TO THE BOARD OF SUPERVISORS OF THE TOWN OF MONTROSE:

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 66.054(11) and 176.05(11) of the WI Stats 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 be granted to me.

APPLICANT INFORMATION: *Please Print*

Name: *(First/Middle/Last)* _____

Birthdate: _____ Age: _____

Address: _____

Phone Number(s): _____

TYPE OF LICENSE: *Please check the appropriate boxes*

New Operators License – (1 year) **Renewal Operators License – (1 year)**

Have you completed a **responsible beverage server training course**?

- Yes – Year completed? _____ (Attach a copy of the certificate)
- No – I have held a license within the last two years. (Attach a copy of the license)
- No – I am registered to take class on _____
- I would like a **Provisional License** (\$15.00) until I am able to complete the course.

APPLICANT HISTORY: *Please print.*

Have you ever been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? _____ Date of conviction(s): _____

Case Number(s): _____

Name of Court(s): _____

Nature of Offense(s): _____

Have you ever been convicted of violating any License Law or Ordinance regulating the sale of fermented beverages or intoxicating liquors? _____

Date of conviction(s): _____

Nature of Offense(s): _____

NAME OF BUSINESS AT WHICH YOU WILL BE SERVING ALCOHOLIC BEVERAGES: _____

FEE: \$20.00

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

Date Application Received by Clerk: _____

Date Fees Paid: _____

WCCA Search Done By: _____

Date: _____

Board Action Date: _____ Approved: Y N

Date Issued: _____