

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

*For License Period Ending June 30, 2012 ~ Unless Sooner Revoked*

New \$30.00

Renewal \$25.00

Provisional \$10.00

(Expires 60-days after date issued)

PLEASE TYPE OR PRINT IN INK ~ *Incomplete or incorrect information may lead to denial of this license request*

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name or Other Names Known By: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_

Place of Employment as Bartender: \_\_\_\_\_

Have you ever been TICKETED, ARRESTED, CONVICTED or FINED for ANY VIOLATION of FEDERAL, STATE or MUNICIPAL LAWS – including FELONY, MISDEMEANOR, CIVIL OFFENSES and ALCOHOL RELATED TRAFFIC OFFENSES?  No  Yes

(If “yes”, give date, municipality, and violation. Use a separate sheet if additional space is needed)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Municipality: \_\_\_\_\_ Violation: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Municipality: \_\_\_\_\_ Violation: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Municipality: \_\_\_\_\_ Violation: \_\_\_\_\_

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**READ CAREFULLY BEFORE SIGNING:** The undersigned, being first duly sworn on oath says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned hereby agrees to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of fermented malt beverages and intoxicating liquors if a license is granted and further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

*All fees are to be paid upon application and are non-refundable. Verification of having completed the Beverage Server Training course must be presented prior to a Regular Operator's License issuance according to Wisconsin § 125.17(6). A letter of employment is required from the licensed agent of the establishment. One form of identification is also necessary.*

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**For Staff Use Only:** Receipt Number: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approval/Denial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ License Number: \_\_\_\_\_

Other: \_\_\_\_\_

**City of Pewaukee ~ W240 N3065 Pewaukee Road ~ Pewaukee, Wisconsin 53072  
Phone (262) 691-0770 ~ Fax (262) 691-1798**