

**City of Mineral Point**  
**Application for License to Serve Fermented Malt Beverage & Intoxicating Liquors**

Pursuant to Section 12.02, subject to limitations imposed by Wis Stats. 125.17 and 125.68(2)

**Circle One: Renewal                      New Application                      Provisional**

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Answer the following questions and completely.

Name of Applicant: (First)\_\_\_\_\_ (MI )\_\_\_\_\_ (Last) \_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Date of Birth\_\_\_\_\_ Social Security#\_\_\_\_\_ Sex: M F

Driver License # \_\_\_\_\_ State \_\_\_\_\_

How long have you continuously resided in Wisconsin?\_\_\_\_\_

Place of Employment as an Operator?\_\_\_\_\_

How long have you been employed as an Operator?\_\_\_\_\_

Completed Beverage Server Training? YES NO (If yes where) \_\_\_\_\_

**New Applicants: Copy of Certification must accompany this application**

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**Have you ever been arrested for any crime?** YES NO

If yes, for what and when?

**Have you ever been convicted of any crime?** YES NO

If yes, for what and when?

**Are there pending criminal charges against you?** YES NO

If so, what??

**Have you ever been arrested for or convicted of any alcohol – related offenses?** (Offenses may include, but are not limited to: operating a motor vehicle while intoxicated, underage drinking, procuring alcohol to underage persons, open intoxicants, etc.) If so, explain:

The undersigned affirms that he/she completed this form and answered the questions completely and honestly. The applicant understands his/her record will be checked by the Mineral Point Police Department.

**False information on this application may result in denial.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
City Clerk or Notary Public  
My commission expires\_\_\_\_\_

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<b>**FOR OFFICE ONLY</b>			
<input type="checkbox"/> Operator's License \$20.00	<input type="checkbox"/> Provisional License \$10.00		
Date filed:_____	Receipt # _____		
Background Check Complete:	YES NO	Date: _____	
Certification of Completion provided	YES NO	Date: _____	
Police Dept. Approval:	YES NO	Initials: _____	
Council Approval:	YES NO	Date: _____	
License#_____	Expires: _____		
Reason for Denial, if not approved_____			