

**CITY OF MINERAL POINT  
 PERMIT APPLICATION  
 ALCOHOL BEVERAGES IN OUTSIDE AREAS**

Name, address, and phone number of applicant(s): \_\_\_\_\_

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Attach the following:

1. Map describing the proposed outdoor area, including proposed capacity, the proposed location of seating, proposed physical enclosure; and showing the location of family residences, or tourist/guest lodging, within forty feet (40') of the proposed outdoor area.
2. Lighting and signage plan.
3. Written verification from the Wisconsin Department of Health and Family Services that the premises, including the outdoor area, are properly licensed as a restaurant by said Department.

FEE: (Select one as applicable)

First Time Application: Initial Processing Fee plus Annual Permit Fee: \$100.00

Renewal: Annual Permit Fee \$ 50.00

TERM: July 1, 20\_\_ through June 30, 20\_\_

**STATEMENT BY APPLICANT(S)**

I hereby acknowledge receipt of a copy of the City of Mineral Point Municipal Code Section 110.15(P) Alcohol Beverages in Outside Areas, and I agree to abide by the terms and conditions of this Section of the Code, including restrictions and penalties. I understand that permission to operate under a "Class B", Class "B", and/or "Class C" license in an outdoor area pursuant to this Section of the Code is a privilege and does not vest a property right; therefore, I understand and agree that permission may be revoked by the Common Council pursuant to Section 110.15 (P) (7) of the Code.

**ACKNOWLEDGMENT**

\_\_\_\_\_  
 Signature of Applicant                      Date

STATE OF \_\_\_\_\_

SS

County of \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant                      Date

Personally came before me this \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant                      Date

\_\_\_\_\_ to me known to  
 be the person (s) who executed the foregoing  
 instrument, and acknowledge the same.

\_\_\_\_\_  
 (Please print or type name signed above):

\_\_\_\_\_  
 Notary Public, County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_