Village of Jackson

Payment: _____
Date Rec'd: _____
Receipt #: _____
CC: Police Dept.:_ _____

Application for License to Serve Fermented Malt Beverages & Intoxicating Liquors

I hereby apply for a license to serve, from hereof to June 30, 20___, inclusive (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 and regulations (federal, state, local) affecting the sale of such beverages and liquors if a license is granted to me. I have paid the required Non-Refundable **$42.00** fee. ($35.00 License fee, $7.00 Background check fee) Provisional License is an additional $15. All Fees are Non-Refundable.

→ Answer the following questions carefully. Incomplete applications will not be considered.

1. Name _____ ____ _____
First Initial Last

2. Date of Birth _____ Sex _____

3. Previous names used _____ _____

4. Address _____ _____ _____ _____
Street City ZIP Phone

5. If you have resided in another state since age 18, please list: _____ _____ _____

6. Where will you work/tend bar? _____

7. Attach your Responsible Beverage Service Course certificate. If you have not completed the course, indicate the Responsible Beverage Service Course that you are enrolled in and attach proof of enrollment in the course.
_____

8. List Any Pending and or existing Citations, Tickets, or Criminal Charges.

List Any PENDING Citations, Tickets, or Criminal Charges

YEAR	LOCATION	CHARGE

List All Citations, Tickets, or Criminal CONVICTIONS excluding parking tickets.
Attach additional sheets, if necessary.

YEAR	LOCATION	CHARGE

9. Read and Sign Page 2.

My signature certifies that all of my responses are true to the best of my knowledge. I understand that paid fees are non-refundable. Any false answers or omissions may result in denial of your application. I also authorize the Jackson Police Department to obtain criminal history and driver record data pertaining to me from any federal, state, and/or local agency deemed necessary by the department. This release is executed as part of my application and it's understood that any information collected shall be used only in consideration of my application.

X_____ _____

Signature of Applicant **Date**

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Police Chief's Recommendation:

[ ] Approve [ ] Approve with Conditions- See attached [ ] Deny- See attached

_____

Jed M. Dolnick, Chief of Police