

# CITY OF BURLINGTON

## Application for License to Sell & Serve Fermented Malt Beverages & Intoxicating Liquors

**FOR OFFICE USE ONLY:** **License No.** \_\_\_\_\_

Type of License:  New (\$25)  Renewal (\$25)  Provisional (\$15)  Plus Background Fee (\$10 - REQUIRED)  
 Temporary (\$10) (If Temporary, list name of event and date): \_\_\_\_\_

Date Received: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ (Cash  CC  Check#: \_\_\_\_\_) Date to P.D. \_\_\_\_\_

Police Department:  Approved  Denied \_\_\_\_\_  
*Chief of Police Signature*

**To the COMMON COUNCIL of the CITY OF BURLINGTON, WISCONSIN:**

I hereby apply for a license to serve, from date hereof to June 30, \_\_\_\_\_, (year of license) inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation 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 or Local, affecting the sale of such beverages and liquors if a license be granted to me.

**I certify that I do not have an arrest or conviction record to §111.321, 111.322 and 111.335.**

Last Name:		First Name:		Middle Name:	
Current Address:		Apt#	City		State/Zip
Previous Address (if less than 2 years)		Apt#	City		State/Zip
Date of Birth:	Phone Number:		Email:		
Driver's License #:		Exp. Date:		State Issued:	
Name of Establishment in which license will be utilized:					

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<b>(NEW Applicants Only)</b> Is a copy of WI Bartender's Training Course Certificate or copy of other municipality's <b>REGULAR</b> license attached to this application?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you <b>ever</b> been convicted of violating any license law regulating the sale of Intoxicating Liquors/Beverages?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you <b>ever</b> been convicted of any felony or of violating any law of the State of Wisconsin or the United States?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If so, list and describe offense(s) (Attach additional sheet if necessary or continue on back of this application)	<b>Type of Arrest, Summons, Violation or Charge</b>	<b>Month/Year</b>	<b>City</b>	<b>State</b>	

**Certification:** I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statement herein are complete, true, and correct. I further understand a full background investigation may be conducted by the Burlington Police Department prior to my consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was falsified, for a 6 month period.

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