

CITY OF KIEL

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Receipt No. _____
Receipt Date _____
New ____ Renewal ____

To The City Council, Kiel, Wisconsin:

I hereby apply for a License to serve, from date 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 mandatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State of Local, affecting the sales of such beverages and liquors if a license were granted to me.

ANSWER THE FOLLOWING FULLY AND COMPLETELY: (PLEASE PRINT)

Applicants Age _____ Date of Birth Mo. _____ Day _____ Yr. _____

Name of Applicant _____ Phone _____
First Middle Last

Address of Applicant _____

Name of Tavern or Establishment where working _____

Have you ever been convicted of any misdemeanor or felony, or convicted of violating any other law including ordinances and traffic regulations? Yes No
(If yes, please list all convictions with the following information for each)

Date of conviction(s) _____

Name of Court _____

Nature of Offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors not listed above? Yes No (If yes, explain on the reverse side)

Are there charges of any kind pending against you? Yes No (If yes, explain on reverse side)

STATE OF WISCONSIN
Manitowoc County

I, _____, being first duly sworn on oath says that he/she is the person who made and signed the forgoing application for an operator's license: that all the statements made by the applicant are true and correct.

Applicant Sign Here Date

Chief of Police

Date _____ License No. _____ Date Issued _____

OVER

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employee of the City of Kiel to obtain any and all information and records that you may have concerning me, including any criminal or driving record that I may have.

I hereby release any individual, institution or agency, including its officers, employees or other related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

A photocopy reproduction of this authorization, when supplied by an employee of the Administration Office of City of Kiel, shall be for all intents and purposes as valid as the original. You may retain the photocopy for your files.

(Signature)

(Date)

(Printed Full Name)

ADDRESS: _____
(Street)

(City)

(State)

(Zip)

A LIQUOR LICENSE APPLICATION THAT IS DENIED FOR ANY REASON WILL BE REQUIRED TO WAIT 6 MONTHS BEFORE RE-APPLYING.