

RENEWAL _____
NEW _____

T.B. DATE:(if applicable) _____
MAIL LIC ON: _____
PICK UP LIC. ON: _____

TOWN OF WATERFORD
APPLICATION FOR LICENSE TO SERVE FERMENTED
MALT BEVERAGES AND INTOXICATING LIQUORS

All questions on this application must be answered completely and accurately before it can be processed. Failure to do so could result in a delay or even denial of the application.

PLEASE PRINT

Name of Applicant: _____
(First) (Middle) (Last) (Maiden Name)

Address: _____ Phone Number: _____

City, State & Zip: _____

Date of Birth: _____ Sex: ___ Male ___ Female Race _____

Driver's License #: _____ Expiration date: _____ Issuing State: _____

Name of Licensed Business Where Employed: _____

Answer the Following Questions Completely	Yes	No/NA
1. Have you been convicted of a felony within the last five (5) years, which substantially relates to the alcohol beverage licensing activity? (If yes, please explain below)		
2. Have you been convicted of any other violations and/or misdemeanors related to alcohol, controlled substances, resisting arrest/battery to a police officer/obstructing justice, disorderly conduct if in conjunction with activity at a licensed alcohol establishment within the last twenty-four (24) months? (If yes, please explain below. Stipulation/payment of fine for any offense is considered as a conviction).		
3. Do you have any pending criminal charges related to items listed in No. 1 or 2? If yes, please explain below.		
4. Have you been denied a license to serve alcohol or had your license to serve alcohol revoked or suspended within the preceding twelve (12) months?		

Enter applicable conviction and pending charge information, including dates, here: _____

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information may be grounds for denial of my alcohol beverage license. I further understand that falsification of any information may be grounds for denial or revocation of this license. I am aware of the state and municipal laws governing the sale of alcohol beverages and agree to abide by those laws.

I understand that the Waterford Clerk's Office will do a background check based on my application. I hereby authorize the release of any and all records requested by the Clerk in its investigation. I further understand that the Clerk will provide that information to the Town of Waterford's Town Board Members.

I hereby release any individual, institution or agency, including its officers, employees or other related personnel, both individually or 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.

Applicant Signature

Date

Submit the completed application along with the license fee, proof of license, if applicable, or completed training certificate to the **Town of Waterford, Office of the Clerk, 415 N. Milwaukee Street, Waterford WI 53185 - Phone (262) 534-1871**

