TOWN OF DARIEN

Walworth County
Wisconsin

New____ Renewal_____

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Date: _____

I hereby apply for a license to serve, from the date stated hereof to end the following of June 30, 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, or Local, affecting the sale of such beverages and liquors if a license be granted to me.

_____
Signature of Applicant

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY (PLEASE PRINT)

Name of Applicant: _____
First Middle Initial Last

Address: _____
No. And Street City State Zip Code

Age: _____ Date of Birth: _____ Social Security #: _____

Sponsoring Employer: _____
Have you ever been convicted of a felony or of violating any law of the State of Wisconsin or of the United States or license law or ordinance law regulating the sale of malt beverages or intoxicating liquors?_____
Date of Conviction: _____ Court: _____

Nature of offense(s)_____

NEW APPLICANTS ONLY: I understand that I must complete the four hour Responsible Beverage Services course before my operator's license can be issued.

_____
Signature of Applicant

I certify that I am the person who made and signed the forgoing application for an operator's license, that all forgoing statements made by me are true and I realize that false statements shall be sufficient cause for denial of this application.

_____
Signature of Applicant

TO BE COMPLETED BY CLERK

Proof of Course Completion_____Proof of Previous License_____

Operator's License Granted_____ Provisional License Granted_____ Expiration_____
License Denied_____ License Issued_____Dated this _____day of _____, 20