AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individ	ual's Full Name (please print) (last name)		(first name)			(middle name)		
Home	Address (street/route)	Post Office		City		State	Zip Code	
Home	Phone Number		Age	Date of Birth	1	Place of B	l Birth	
A	bove named individual provides the applying for an alcohol beverage lice a member of a partnership which is (Officer/Director/Member/Manager/Age	nse as an individua making application fo	or an alc		se.	or Nonprofi	it Organization)	
The <i>a</i>	thich is making application for an alc bove named individual provides the ow long have you continuously reside	following informationed in Wisconsin prio	n to the li	date?				
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?								
for mu If y	e charges for any offenses presently violation of any federal laws, any Wunicipality?	isconsin laws, any la	aws of ot	her states or ordina	ances of any co	unty or	_	☐ No
org be	o you hold, are you making application or member/manager/ager everage license or permit?	nt of a limited liability	compar	ny holding or applyir	ng for any other	alcoho		☐ No
me bre	o you hold and/or are you an officer, ember/manager/agent of a limited lia ewery/winery permit or wholesale liq yes, identify.	director, stockholder	r, agent c	or employe of any population	erson or corporate beer permit,			☐ No
6 Na	(Name of Wh amed individual must list in chronolo	olesale Licensee or Permitte	′		(Address B	y City and	County)	
		Employer's Address	zmpioyer		Employed From		То	
Emp	ployer's Name	Employer's Address			Employed From		То	
the ap under penal	ndersigned, being first duly sworn opplicant has read and made a complesigned further understands that any ty of state law, the applicant may be cribed and sworn to before me	ete answer to each	question trary to	, and that the answ Chapter 125 of the	ers in each inst Wisconsin Sta	ance ar tutes sl	re true and co hall be void, a	rrect. The and under
this_	day of	, 20						
	(Clerk/Notary Public)				(Signature o	f Named II	ndividual)	
My commission expires					-			

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