APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGE AND INTOXICATING LIQUORS IN THE TOWN OF REMINGTON, WISCONSIN

FEE SCHEDULE: LICENSE FEE	PAID \$10.00		
PROVISIONAL FEE PAID \$5.	00 DUPLICA	TE FEE PAID \$15.00	
Date of NEW / RENEWAL	· · · · · · · · · · · · · · · · · · ·	, 20	_
To the Town Board of the To	own of Remington, '	Wisconsin:	
Malt Beverages and Intoxica 125.68(2) of the Wisconsin	ating Liquors, subject Statues and all acts tions, ordinances an	ct to the limitation impose amendatory thereof and	inclusive (unless sooner revoked), Fermented ed by Wis. State Statutes Section 125.32(2) and supplementary thereto, and hereby agree to ate or local, affecting the sale of such beverages
I certify that I amye	ars of age and do n	ot have an arrest convicti	on record to SS. 111.321, 111.322 and 111.335.
Date of Birth			
X		·	
(Signature of Applicant)		Social Security No)
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Answer the following ques	tions fully and com	oletely: PLEASE PRINT	
Name			
(First)	(Middle)	(Last)	
Address			Zip
(street)		(city)	
Driver's License No.			
Is application new or a rene	wal?		
As required by Wi statues S	ection 125.17(6) hav	ve you completed the alco	ohol awareness course? YN
Do you now or have you ev	er held any other ba	rtender or intoxicating lic	quor license in the state of Wisconsin? Yes No
If so, where?			
Have you been convicted of			
* Felony * Violation of any \states * Violation of ordinar		· · · · · · · · · · · · · · · · · · ·	s* Misdemeanor * Violation of laws of any other

Yes No If so, state nature of offe	ense:
Date of conviction	Name of court
Have you been convicted of violating any license I	aw or ordinance regulating the sale of intoxicating liquors? Yes No
Date of conviction	Name of court
Signa	ture of Applicant
STATE OF WISCONSIN, Wood County	
	, being first duly swom on oath says that he/she is the person who operator's license; that all the statements made by the applicant are
I hereby verify that I have read and understand to and authorize the Town of Remington clerk to co	he "Important Notice to All Bartender (Operator) Applicants" bulletin nduct a police record check.
PLEASE BE ADVISED THAT A POLICE RECORD CHEC FALSIFICATION OF INFORMATION ON THIS APPLI	CK WILL BE CONDUCTED ON ALL APPLICANTS. OMISSION OR CATION IS GROUNDS FOR DENIAL
	X
	(Signature of Applicant)
Subscribed and sworn to before this	
day of, 20	Provisional license #
Date	
Notary Public, Wood Co., WI License #	
Employer:	_ Date