



# Application for License to Serve Intoxicating Liquors in the Village or Town of Somers in Kenosha County, Wisconsin, AND Consent to Record Check

**\* OPERATOR LICENSE FEES ARE NON-REFUNDABLE \***

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 Chapter 125.17 (1), (2) & (3) of the Wisconsin Statute 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.

**I certify that I am a citizen or legal resident of the United States** \_\_\_\_\_  
(please initial)

Please print legibly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place (City and State): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_  
(if different than above)  
Previous Name(s): \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Have you been convicted of violating any law of the State of Wisconsin OR the United States, up to and including felony charges? yes \_\_\_\_\_ no \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of possession of malt beverages or intoxicating liquors? yes \_\_\_\_\_ no \_\_\_\_\_

**\*If you checked yes to either question, please list details below. Additional space is on the back of this sheet.**

Date	Nature of Offense	Name of Court, City & State

Place of employment where you will serve alcoholic beverages: \_\_\_\_\_

Do you presently hold an operator's license in any other municipality? yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, where? \_\_\_\_\_

I, the undersigned, under penalty of perjury say that I am the person who made the forgoing application for an operator's license; that all statements made by me are true, and I hereby consent to a background record check.

\_\_\_\_\_  
(applicant's signature)

\_\_\_\_\_  
(date of application)

**\*\* for office use only, use red ink \*\***

<b>New</b>	<b>Copy of ID</b>	<b>\$15.00</b>	<b>Provisional License</b>
<b>Renewal of _____</b>	<b>DOJ Check</b>	<b>\$50.00</b>	<b>Operator License</b>
<b>Town</b>	<b>CCAP Check</b>	<b>\$10.00</b>	<b>Record Check</b>
<b>Village</b>	<b>Initial _____</b>	<b>\$ _____</b>	<b>Total Due</b>

