

I HEREBY APPLY FOR A LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS, SUBJECT TO THE LIMITATION IMPOSED BY SECTION 125.32(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.

I ACKNOWLEDGE AND UNDERSTAND THAT MY PAST CRIMINAL RECORD SHALL BE CHECKED BY THE CITY OF ELROY POLICE DEPARTMENT, AND THAT THE FINDINGS SHALL BECOME A PART OF THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION, OMISSION, OR FALSE STATEMENT SHALL BE CONSIDERED A JUST CAUSE FOR THE COMMON COUNCIL OF THE CITY OF ELROY TO REFUSE TO GRANT THE LICENSE. IF, UPON GRANTING A LICENSE, THE COMMON COUNCIL SHALL LEARN OF ANY MISREPRESENTATION, OMISSION, OR FALSE STATEMENT IN THE APPLICATION, IT SHALL BE GROUNDS (UPON A PUBLIC HEARING BY THE COMMON COUNCIL) TO REVOKE THE GRANTED LICENSE.

THE UNDERSIGNED, DEPOSES AND SAYS THAT HE/SHE IS THE PERSON NAMED IN THE FOREGOING APPLICATION; THAT THE APPLICANT HAS READ AND MADE A COMPLETE ANSWER TO EACH QUESTION, AND THAT THE ANSWERS IN EACH INSTANCE ARE TRUE AND CORRECT. THE UNDERSIGNED FURTHER UNDERSTANDS THAT ANY LICENSE ISSUED CONTRARY TO CHAPTER 125 OF THE WISCONSIN STATUTES SHALL BE VOID, AND UNDER PENALTY OF STATE LAW, THE APPLICANT MAY BE PROSECUTED FOR SUBMITTING FALSE STATEMENTS AND AFFIDAVITS IN CONNECTION WITH THIS APPLICATION.

PROVIDING FALSE OR INACCURATE INFORMATION OR OMITTING INFORMATION WILL BE GROUNDS FOR DENIAL.

Signature of Applicant

Social Security Number of Applicant

STATE OF WISCONSIN)
COUNTY OF JUNEAU)

_____, being first duly sworn on oath, says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public, Juneau County, Wisconsin
My Commission Expires _____

	DATE	INITIALS	APPROVAL (Y/N)
Reviewed by the Chief of Police	_____	_____	_____
Approved by the City Council	_____	_____	_____