

Town of Mukwonago
Alcohol Beverage License Application

All questions on this application must be answered completely and accurately before it can be processed. Failure to do so could result in a delay or even refection of the application. Please print:

Date of Application

New: \$15.00 _____

Name:

First Middle Last
Social Security Number: _____ Sex: M/F Race: _____

Current Address:

Number Street City State Zip

Date of Birth: _____

Home Phone: _____ Work Phone: _____

Do you have a **valid** driver's license? _____ State Issued: _____

License #: _____ Expiration Date: _____

If no,
explain: _____

Previous Names Used:

First Middle Last

First Middle Last

List All Previous Addresses:

Number Street City State Zip

Number Street City State Zip

Check the appropriate answer to the questions below:

1. Have you ever been arrested or convicted of any alcohol beverage related offense including any of the following, on or after your 17th birthday:
 - A. Illegal purchase, sale, or providing intoxication liquor or beer?
Yes_____ No_____
 - B. Violation of closing hours at a licensed premise?
Yes_____ No_____
 - C. Any other violation of laws pertaining to alcohol beverages?
Yes_____ No_____
 - D. Disorderly conduct or criminal damage to property that occurred at a licensed establishment?
Yes_____ No_____
 - E. Obstructing a police officer while on the licensed premises for the sale of alcohol beverages?
Yes_____ No_____
2. Have you as a juvenile or adult been convicted of:
 - A. Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (stats. 346.63)?
Yes_____ No_____
 - B. Operating a Motor Vehicle in violation of Absolute Sobriety?
(For persons under age 21) (State Statute 346.935)
Yes_____ No_____
 - C. Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (stats. 346.935)?
Yes_____ No_____
3. Have you ever been convicted of a felony?
Yes_____ No_____
4. Do you have any pending Ordinance, Misdemeanor or Criminal charges?
Yes_____ No_____
5. Do you presently have any overdue or outstanding forfeitures resulting from a violation of an ordinance of any county, city, village or town?
Yes_____ No_____

If you have answered yes to any of the above questions, list the charge, exact location of the arresting agency, date of conviction and penalty.

List the name and address of the licensed alcohol beverage premises that will employ you. _____

Additional comments:

I hereby certify that the information provided on the application is true and correct. I understand that failure to provide all required information shall be grounds for denial of my alcohol beverage license. I further understand that falsification of any information shall be grounds for denial or revocation of this license. I am aware of the laws governing the sale of alcohol beverages and agree to abide by those laws. I understand that the Police Department will do a background check based on my application. I hereby authorize the records requested by the Police Department in its investigation.

Signature of Applicant

FOR OFFICIAL USE ONLY

Police Department background check done by: _____

Date: _____

Attended the required educational course: _____

Copy of certificate attached: _____

Fee Paid: _____

Date approved by Town Board: _____