

License No. \_\_\_\_\_

Approved \_\_ \_\_\_\_\_

Issued \_\_\_\_\_

**Town of Wheatland**

34315 Geneva Rd., P.O. Box 797 · New Munster, WI 53152-0797

Phone: 262.537.4340 · Fax: 262.537.4261

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**APPLICATION FOR LICENSE TO SERVE  
FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS (BARTENDER)**

For the license year beginning July 1, 20\_\_\_\_ ending June 30, 20\_\_\_\_

**NOTE: A background check will be conducted on ALL applications (includes renewals) beginning with the July 1, 2010 licensing year.**

\$25 – Alcoholic beverage operator license     \$25 – Provisional license

1. \_\_\_\_\_  
Name Birthdate

2. \_\_\_\_\_  
House & Street Number and Post Office Box No. City /State Zip Code

3. \_\_\_\_\_  
Phone

4. Have you been convicted of violating any license law or ordinance regulating the sale of fermented beverages or intoxicating liquors? \_\_\_\_\_

5. Have you been convicted of any felony? \_\_\_\_\_

6. Do you have any arrest or conviction record? \_\_\_\_\_

If so, list offense(s) & date(s) \_\_\_\_\_

\_\_\_\_\_

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I am aware that a record check is a prerequisite for the approval of a license. You have permission to run a background check for arrest & conviction history. Failing to report a violation will hold up or disqualify your application.

\_\_\_\_\_  
**Signature** **Date**

I agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of alcoholic beverages if a license is granted to me.

\_\_\_\_\_  
**Signature** **Date**

Name of tavern \_\_\_\_\_  
Mail license \_\_\_\_\_ Will pick up license \_\_\_\_\_ Give to tavern \_\_\_\_\_  
Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_