

**CITY OF BRODHEAD**  
**APPLICATION FOR ALCOHOL BEVERAGE**  
**OPERATOR / PROVISIONAL / TEMPORARY**

I hereby make application with the City of Brodhead for an Operator's License as provided by City Ordinance with amendments thereto sell Fermented Malt Beverages and Intoxicating Liquors in the City of Brodhead. Subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes. I 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 is granted to me.

This license to expire June 30, 2018

Note: No Refunds Given

Name \_\_\_\_\_  
First Middle Last

Other Last Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_ Male  Female

**A copy of your Driver's License AND the following information is required to complete a criminal history and driving record check:**

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Drivers License No. / State: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number Street City State ZIP

Previous Address (less than 5 years): \_\_\_\_\_  
\_\_\_\_\_

List any violations (tickets), convictions, arrests of any Local, State or Federal Laws or Ordinances within the past five years. Please include approximate dates. **(on back of sheet). Can go to [wcca.wicourts.gov](http://wcca.wicourts.gov) for this information:**

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts, and state that all of the above statements are true and correct to the best of my knowledge. I also consent to revocation of my License upon demand, due to any false statements upon this application.

Place of Employment: \_\_\_\_\_ Manager/Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Clerk/Treasurer Date: \_\_\_\_\_

<i>For Office Use Only</i>	Circle: New / Renewal \$22.00	Provisional \$10.00	Temp \$0.00
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Date: _____	Initials: _____	Amount Paid: _____	Rec. No. _____	License No. _____
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Copy of Training Certificate attached: _____	Copy of Driver's License: _____
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