

**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, 2016

Note: No Refunds Given

Name _____
First Middle Last

Maiden Name: _____ 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 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
Date: _____	Initials: _____	Amount Paid: _____	Rec. No. _____ License No. _____
Copy of Training Certificate attached: _____		Copy of Driver's License: _____	

Can go to wcca.wicourts.gov for this information:

CHARGE/OFFENSE *DATE OF CONVICTION* *COURT LOCATION*

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CCAP Checked: _____ Initials: _____

CCAP Findings: _____

Police Chief: _____ Date: _____