



City Clerk's Office **APPLICATION** 414-425-7500

For License to Serve Fermented Malt Beverages and Intoxicating Liquor (Operator's License)

Application date _____ Tavern/Restaurant Employer _____

Renewal New Attach proof of successful completion of *Responsible Beverage Server* course.

Driver's License Number _____

To the Common Council of the City of Franklin, Wisconsin:

I hereby apply for a license to serve fermented malt beverages and intoxicating liquors, subject to the limitations imposed by §125, Wisconsin Statutes, and all acts amendatory thereof and supplemental 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 is a license is granted to me. I understand said license will be valid from the date of issue to midnight June 30th of the year in which said license is issued.

I certify that I have been a resident of the State of Wisconsin continuously since _____, and of the City/Town/Village of _____ continuously since _____.

Date of birth _____ Place of Birth _____ Age _____
City & State or City & Country

Answer the following questions FULLY & COMPLETELY

Name _____ Phone _____

Address _____ From _____ to Current

City, State, Zip _____ E-mail _____

List any other names known by: _____

Addresses for the past 5 years

| | | | | |
|-------|------|-------|----|-------|
| _____ | From | _____ | to | _____ |
| _____ | From | _____ | to | _____ |
| _____ | From | _____ | to | _____ |
| _____ | From | _____ | to | _____ |
| _____ | From | _____ | to | _____ |
| _____ | From | _____ | to | _____ |

Send License to: _____

(Address)

(complete back of form)

Do you currently have pending against you ANY charges for ANY violation of ANY federal, state or local laws?

O Yes O No – If Yes, specify all offenses, giving dates of charges _____

Have you ever been arrested for or convicted of any offense, whether federal, state or local, subject to §§111.321, 111.322 or 111.335, Wisconsin Statutes?

O Yes O No – If Yes, specify all offenses, giving dates and places of arrests and convictions _____

STATE OF WISCONSIN)
SS
MILWAUKEE COUNTY)

**I, (*PRINT FULL NAME HERE*) _____ ,
BEING FIRST DULY SWORN ON OATH, DEPOSES AND SAYS THAT I AM THE PERSON NAMED IN
THE FOREGOING APPLICATION, THAT I HAVE CAREFULLY READ ALL THE QUESTIONS ASKED IN
SAID APPLICATION, THAT I HAVE MADE A COMPLETE ANSWER TO EACH QUESTION AND THAT
MY ANSWER IN EACH INSTANCE IS TRUE AND CORRECT.**

(*SIGN ONLY BEFORE A NOTARY PUBLIC*)

APPLICANT (*SIGNATURE MUST BE WITNESSED & NOTARIZED*)

SUBSCRIBED & SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20____

NOTARY PUBLIC, COUNTY OF MILWAUKEE, STATE OF WISCONSIN
My COMMISSION EXPIRES _____.

