



City of Marshfield, Wisconsin BEVERAGE OPERATOR APPLICATION

- 2 year (\$35.00)
 Partial (\$30.00 – if applying after July of even year)
 Provisional (\$15.00)
 New Renewal

The license shall, if issued be from the date of issuance to June 30 of odd numbered year unless the license is revoked for cause by the Common Council prior to that date.

NAME	First	<u>Full</u> Middle	Last
PREVIOUS/MAIDEN NAME		DATE OF BIRTH	
PLACE OF BIRTH		PHONE NUMBER	
ADDRESS	Street	City	State Zip
PLACE OF EMPLOYMENT Where you will be using the license; must be in the City of Marshfield.			
IDENTIFICATION Driver License/State ID Number	Number	State	

Violations – please read carefully! List ALL violations (Federal, State and City) INCLUDING speeding or other traffic violations, alcohol, drug, etc. that you received in the last 2 years. Include any pending violations and/or charges that were dismissed. Failure to list all violations may result in the rejection of this application. (Use back of page to list additional violations)

HAVE YOU EVER BEEN ARRESTED? YES NO **IF YES, FOR A FELONY? YES NO**

DESCRIPTION OF OFFENSE	DATE OF OFFENSE	CITY & STATE OF OFFENSE

I, the undersigned, do hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Sections 125.17, 125.32(2) and 125.68(2) of the Wisconsin Statutes and City of Marshfield Municipal Code 9-36 and all acts amendatory and supplementary of those sections, and thereby 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. I certify that I am at least eighteen years of age and that the statements in the foregoing application subscribed to me are true and correct to the best of my knowledge.

Signature: _____ Date: _____

OFFICE USE ONLY

Approval of Municipal Authority - Investigations done by the Marshfield Police Department. Upon investigation of statements made on this application and municipal and state criminal records, recommendation:			
<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY Investigative check completed by: _____			
Training:	Granted:	License #	Provisional #
Customer Code:	Receipt #:	Points Assessed Y/N	Number of Points

