CITY OF CHIPPEWA FALLS

LICENSE FEE: $25.00

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

APPROVED_____DENIED_____

PROVISIONAL _____ REGULAR NEW _____ RENEWAL _____ TEMPORARY_____

Council Action: Date _____ Prov'l License Number _____ /Regular License Number_____

TO THE COMMON COUNCIL OF THE CITY OF CHIPPEWA FALLS, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2015 inclusive (unless sooner revoked), fermented malt beverages and intoxicating liquors, subject to the limitations imposed by Section 125.17(1) of the Wisconsin State Statutes and all acts amendatory thereof and supplementary 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 if a license is granted to me.

I certify to the following information:

Full name of applicant: _____(_____)

First MI Last (Maiden name/other last names used)

Male ____ Female ____ Birthdate: _____ Telephone no. _____

Address/City/State _____

I am a resident of the (circle) CITY TOWN VILLAGE OF _____ Since (year) _____

* (Previous address if less than one year)_____

Place of employment (Tavern/Event): _____

***POLICE DEPT APPLICABLE OFFENSE CRITERIA I RECEIVED_____ / OFFERED BUT DECLINED_____**

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the City of Chippewa Falls in determining whether a license will be granted. You will be notified by the Chippewa Falls Police Department if your application is recommended for denial to the City Council.

STATE OF WISCONSIN/CHIPPEWA COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Subscribed and sworn before me this _____ day of _____, 2013

_____ **X**_____

City Clerk/Deputy City Clerk/Notary Public, WI Signature of Applicant

POLICE DEPARTMENT RECOMMENDATION: APPROVED _____ DENIED _____

Date: _____/_____/_____ _____

Chief of Police Wendy Stelter

Note: If you have not held an Operator (Bartender) license within the last two years prior to this date or completed a training course within the last two years prior to this date, then according to Section 125.17(6) Wisconsin Statutes, you must attend the Bartender Awareness Training Course offered by the Chippewa Valley Technical College.

Date of Class Registration _____/_____/_____ Date of Completion of Course: _____/_____/_____

Date of Provisional license Issued: ____/____/____ to ____/____/____ Date of Regular license Issued: _____/_____/_____