## Application to Serve Fermented Malt Beverages and Intoxicating Liquors Town of Garfield, N12915 W Hillcrest Rd., Osseo, WI 54758

Check one: New Application Renewal	For Office Use Only:			
Remit Payment of \$10.00	Approved De	enied		
Applicant: Please print all answers clearly and legibly. You must provide ALL requested information.				
Name:				
First Middle	Last			
Address:				
Street City	State	ZIP		
Date of Birth:/ SSN:	Phone: ()			
Driver's License #:	_State:Exp:		. <u></u> -	
Employer:		<u>-</u>		
PLEASE ENCLOSE A COPY OF YOUR STA	TE ISSUED PHOTO ID			
Have you ever had a Server's License in the last 12 months? If and issuing authority:	yes, provide name	YES	NO	
Have you completed or are you enrolled in a "Responsible Ser	ver Training" course?	YES	NO	
If Yes, provide proof of completion or enrollment.  Are there now any Criminal Charges pending against you? If ye	es, please provide	YES	NO	
dates of offenses, jurisdiction of charges, and nature of offenses on back of page.				
Have you ever been convicted of a Felony of Misdemeanor for State, or Municipal Law pertaining to the sale of Fermented Ma	•	YES	NO	
Intoxicating Liquors? If yes, please list on back of page.				
To the Board of Directors of the Town of Garfield I, the undersigned, do hereby apply for a license to serve Ferme	ontod Malt Payoragae an	d Intovio	nting	
Liquors, subject to the limitation empowered by Chapter 125.0	_		_	
all acts amendatory thereof and supplementary thereto, and he				
resolutions, ordinances and regulations Federal, State or Local	l affecting the sale of su	ch bevera	ges and	
liquors if a license be granted to me from the date hereof to Jun	ie 30, 20 <mark></mark> , inclusive	unless so	oner	
revoked. I certify that I am a citizen of the United States and I ha		ie State o	f	
Wisconsin since (Year) and that I am	years of age.			
Signature of Applicant:	Date:			

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List any names, aliases, maiden names, or spelling variations you have identified yourself with. Put N/A if
Not Applicable.
List any and all out of state addresses you have resided. Put N/A if Not Applicable.
List any criminal charges pending against you. Put N/A if Not Applicable.
List any Felony or Misdemeanor convictions. Put N/A if Not Applicable.

For Office Use Only: Are there any Background Check Concerns? Yes No (If Yes, see attached)