2 YEAR TOWN OF GRAND RAPIDS APPLICATION FOR BEVERAGE OPERATOR'S LICENSE

Name:	Date of Birth:
(Last) (First) (M.I.)	Disco of Division
Address:	Place of Birth:
City:	State: Zip:
Telephone Number:	Married [] Yes [] No
List alias/maiden/other names you have used in the past:	
Where will you be employed as a beverage operator?	
Have you been denied or had a beverage operator's license revoked? [] Yes [] No Why?	
Have you ever been convicted of any crime, traffic or ordinance violation? [] Yes [] No List	
Past Occupations:	
Past places of residency:	
List two references: (other than bartenders and family)	
Name:	Telephone:
Name:	Telephone:
I hereby apply to the Town Board of the Town of Grand Rapids, Wood County, WI for a Beverage Operator's License for the year ending June 30, as provided by Section 125.32(2) and 125.68(2) of the Wisconsin Statutues and local ordinances. I certify that I am a citizen of the United States and a resident of the State of Wisconsin, and that I have not been convicted of a felony or for violation of the National Prohibition Act. I further certify that I am familiar with the laws, ordinances and regulations pertaining to the sale of beverages under a Class B license and I hereby agree if granted said license, to obey all provisions of said laws. I further state that all information provided by me is both truthful and accurate to the best of my knowledge.	
Signature:	Date:
OFFICE USE ONLY	
POLICE CHIEF INVESTIGATION: The above applicant has been investigated and based upon my findings the beverage operator's license [] should be granted [] should not be granted	
Chief of Police: Date:	
TOWN BOARD ACTION: Meeting Held	[] Approved [] Denied
New [] Class Date: Date Paid:	
Renewal [] Renewal Verified []	ID Verified by: