

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

Name:			Date of Birth:	
(Last)	(First)	(M.I.)		
Address:			Place of Birth:	
City:			State:	Zip:
Telephone Number:			Married Yes No	

Spouse's Name:	Maiden Name:
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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:
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Name:	Telephone:
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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 Statutes 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 within one (1) year from the date of this application. 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:
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OFFICE USE ONLY

POLICE DEPARTMENT 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:
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TOWN BOARD ACTION: Meeting Held _____ [] Approved [] Denied
Issued Number: _____ Date: _____

New [] Class Date: _____	Date Paid: _____
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Renewal [] Renewal Verified []	ID Verified by: _____
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