

**STATE OF WISCONSIN
ONEIDA COUNTY
TOWN OF NOKOMIS**

**APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES
AND INTOXICATING LIQUORS IN THE TOWN OF NOKOMIS**

I hereby apply for a license to serve, from date hereof to June 30, 20____, inclusive (unless sooner revoked), fermented malt beverages and intoxicating liquors, subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the WI 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 sales of such beverages and liquors if a license be granted to me.

SIGNATURE

• ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY

PRINT NAME: _____
(FIRST, MIDDLE INITIAL, LAST)

MAIDEN NAME (if applicable): _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DOB: _____ PHONE NUMBER: _____

DRIVER'S LICENSE # _____ EXPIRES: _____

SOCIAL SECURITY #: _____

NEW OR RENEWAL APPLICATION: _____ If a renewal (within the past two years held an operator's license), where was the license obtained? _____

COMPLETED THE ALCOHOL AWARENESS COURSE AS REQUIRED BY WI STATUTE 125.17(6) **Y N**
LOCATION: _____ (ATTACH COPY)

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LICENSE ORDINANCE OR LAW
REGULATING THE SALE OF FERMENTED MALT BEVERAGES OR INTOXICATING LIQUORS? **Y N**

**FAILURE TO PROVIDE COMPLETE AND TRUTHFUL ANSWERS TO THE ABOVE QUESTIONS MAY
RESULT IN A DENIAL OF THE APPLICATION.**

APPLICANT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

**TURN OVER AND COMPLETE AUTHORIZATION FOR CRIMINAL HISTORY
CHECK**

FOR TOWN USE:

License: \$23.00
Background check: \$7.00 Paid: _____

Approved/Denied on: (date) _____

License # Issued: _____

Mailed to applicant (date): _____

**STATE OF WISCONSIN
COUNTY OF ONEIDA**

TOWNSHIP OF NOKOMIS

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

APPLICANT: _____
(LAST, FIRST, MIDDLE INITIAL)

(MAIDEN NAME / PREVIOUS NAME): _____

DATE OF BIRTH: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

I, the undersigned, have authorized a criminal history check and hereby consent for the Town of Nokomis and/or the Oneida County Sheriff's Department to conduct a criminal history background check that may include photograph and fingerprints.

I also hereby release the Oneida County Sheriff's Department, any other Municipal, State or Federal law enforcement, and the Town of Nokomis, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and release of information.

The applicant also agrees to forward \$7.00 for the State-mandated fee for the computer check.

APPLICANT SIGNATURE

WITNESS: _____

DATE: _____