

**Town of Liberty Grove, Door County, Wisconsin**

**License year July 1, 20\_\_ through June 30, 20\_\_**

Check the following has been provided:

\_\_\_\_\_ \$10.00 fee for license

\_\_\_\_\_ Current valid photo ID (Wisconsin driver's license, Wisconsin photo ID, Passport)

\_\_\_\_\_ Certificate showing completion of responsible beverage serving course  
(not required if license has been held in Liberty Grove within 2 years)

**NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS OF APPLICANT:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF ANY FELONY OR ALCOHOL RELATED OFFENSE?**

**NO**                      **YES, DATE** \_\_\_\_\_ **COURT NAME:** \_\_\_\_\_

**NATURE OF OFFENSE(S):** \_\_\_\_\_

**DO YOU HAVE ANY PENDING FELONY OR ALCOHOL RELATED CHARGES?**

**NO**                      **YES, DATE** \_\_\_\_\_ **COURT NAME:** \_\_\_\_\_

**NATURE OF OFFENSE(S):** \_\_\_\_\_

Wisconsin Law prohibits the granting of an operator's license to a person who has an arrest or conviction record if the circumstances of the charge or conviction substantially relate to the circumstances of the job for which the license is required.

**HAVE YOU HELD A CLASS "A", "CLASS A", CLASS "B", "CLASS B", "CLASS C",  
MANAGER'S OR OPERATORS PERMIT/LICENSE IN THE PAST 2 YEARS?**

**NO**                      **YES, MUNICIPALITY:** \_\_\_\_\_

**BUSINESS NAME(S) WHERE LICENSE WILL BE USED:**

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Liberty Grove, County of Door, Wisconsin for a License to serve from the date listed above (unless revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Wisconsin Stats. § 125.32(2) and 125.68(2) 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 be granted to me.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



Date application received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date presented to Town Board: \_\_\_\_\_

**APPROVED**

**DENIED**

New

Renewal

Provisional