

Rockland, Wisconsin

**Alcohol Beverage License Application
to serve Fermented Malt-Beverages and Intoxicating Liquors**

All questions on this application must be answered completely and accurately before it can be processed. Failure to do so could result in a delay or even rejection of the application. PLEASE PRINT:

Date of Application: _____ Licensing Year Through June 30, 2017

License Type:
ANNUAL \$10.00 _____ TEMPORARY \$5.00 _____ PROVISIONAL \$5.00 _____

NAME: _____
First Middle Last

SEX: MALE _____ FEMALE _____

CURRENT ADDRESS: _____
Number Street Apt #. City State Zip

DATE OF BIRTH: _____

HOME PHONE: _____ WORK PHONE: _____

AS REQUIRED BY WISCONSIN STATUTES SECTION 125.17(6), HAVE YOU COMPLETED THE ALCOHOL AWARENESS COURSE? _____

PLEASE PROVIDE COPY OF CERTIFICATE WITH APPLICATION

IF SO, WHERE? _____

DO YOU HAVE A VALID DRIVERS LICENSE? _____ STATE ISSUED: _____

IF NO EXPLAIN: _____

PREVIOUS NAMES USED: _____
First Middle Last

First Middle Last

LIST ALL PREVIOUS RESIDENCES:

Street Apt #. City State Zip Number

Street Apt #. City State Zip Number

PLEASE SEE REVERSE SIDE TO COMPLETE APPLICATION 

CHECK THE APPROPRIATE ANSWER TO THE QUESTIONS BELOW:

1. Have you ever been arrested, pled guilty, or been convicted of any alcohol beverage related offense including any of the following, on or after your 17th birthday:

A. Illegal purchase, sale, or providing intoxicating liquor or beer?	Yes _____	No _____
B. Violation of closing hours at a licensed premises?	Yes _____	No _____
C. Any other violation of laws pertaining to alcohol beverages?	Yes _____	No _____
D. Disorderly conduct/criminal damage to property that occurred at a licensed establishment?	Yes _____	No _____
E. Obstructing a police officer while on the licensed premises for the sale of alcohol beverages?	Yes _____	No _____

2. Have you as a juvenile or adult been convicted of:

A. Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (stats. 346.63)?	Yes _____	No _____
B. Operating a Motor Vehicle in violation of Absolute Sobriety? (for persons under age 21)(Statute 346.935)	Yes _____	No _____
C. Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (stats. 346.935)	Yes _____	No _____

3. Have you ever been convicted of or pled guilty to a misdemeanor felony? Yes _____ No _____
4. Do you have any pending Ordinance, Misdemeanor or Criminal charges? Yes _____ No _____
5. Do you presently have any overdue or outstanding forfeitures resulting from a violation of an ordinance of any county, city, village, or town? Yes _____ No _____

If you have answered yes to any of the above questions, list the charge, exact location of arresting agency, date of conviction and penalty.

List the name and address of the licensed alcohol beverage premises that will employ you.

I hereby certify that the information provided on the application is true and correct. I understand that failure to provide all required information shall be grounds for denial of my alcohol beverage license. I further understand that falsification of any information shall be grounds for denial or revocation of this license. I am aware of the laws governing the sale of alcohol beverage and agree to abide by those laws. I understand that the Sheriff's Department will do a background check based on my application. I hereby authorize the records requested by the Sheriff's Department in its investigation to be released to the Village of Rockland.

Signature of Applicant

FOR OFFICIAL USE ONLY

Sheriff's Department background check done by: _____

Date: _____

Attended the required educational course: _____

Copy of certificate attached: _____

Fee paid: \$ _____

Date approved by Village Board: _____