



Village of Suring

Incorporated in 1915

604 E Main Street • Suring, WI 54174 • www.ci.suring.wi.us

Phone: 920-842-2333 • Fax: 920-842-4521

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

TO THE VILLAGE BOARD OF THE VILLAGE OF SURING, WISCONSIN

I hereby apply for a license to serve 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, regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that my date of birth is ____/____/____, and I do not have an arrest or conviction record subject to SS. 111.321, 111.322, and 111.335.

I have ____ have not ____ successfully completed the Responsible Beverage Server class. If so, proof of completion is attached.

I have ____ have not ____ held a valid operator's license within the last two years. If so, proof of license is attached.

Signature of Applicant

First name: _____ Middle Initial: _____ Last Name: _____

Other names: please include other names you have used, including maiden names.

First name: _____ Middle Initial: _____ Last Name: _____

Address: _____

Phone Number: _____

Soc. Sec Number: _____ WI Driver's License No _____

Have you ever been convicted of a felony or of violating any law of the State of Wisconsin or the United States, including motor vehicle violations? If yes, give details (date of conviction, name of court, nature of offense):

*** False information will result in rejection or revocation of this application. ***

OFFICE USE ONLY

Background Check Done and Approved

Approved By Village Board

Date: _____

Date: _____

Record Clear: Yes / No