## **VILLAGE OF NORTH HUDSON**

400 7TH STREET NORTH • HUDSON, WI 54016 • (715) 386-5141

## Application For License To Serve Fermented Malt Beverages & Intoxicating Liquors

	_	isconsin:				
I hereby apply for a License to serve, fre subject to the limitation imposed by Sec hereby agree to comply with all laws, reso granted to me.	tion 125.32(2) and 125.68(2) of	of the Wisconsin Statut	es and all ac	ts amenda	atory thereof and	l supplementary hereto, and
I certify that I am years of age	and do not have an arrest or co	nviction record to SS 11	1.321, 111.32	22, and 11	1.335.	
Birth date	,, (Year)	Signature of Applicar	ıt			
Answer the following questions fully and o	completely:					
Full Name of Applicant:(Last) (First)			(Middle)			
,	(First)	1	(Middle)			
Address of Applicant: (House	, Street, Apt.)	(City)	(State)	(Zip)	(Home Phone	<del>)</del>
Driver's License Number:		State:		_		
Have you held a Driver's License in a Pre	vious State?	If "YES," which	state?			
Is application new or a renewal? NEW	RENEWAL	(circle ONE)				
If renewal (within the past 2 years held a 0	Class "A", "Class A", "Class C:	, Class "B" or "Class B'	' license or pe	ermit or a	manger's or oper	rator's license), where
was the privilege obtained?	Da	ate Class was Completed	i			
1. As required by WI Statutes Section 12:	5.17(6), have you completed the	e alcohol awareness cour	rse?	YES	NO (c	ircle ONE)
If so, where?		as Completed				
2. Have you been convicted of any felony	or misdemeanor level crime?_					
Have you been convicted of violating a intoxicating liquors?			ition, or use o	f ferment	ed malt beverage	s or
4. Have you been found guilty of traffic v	iolations involving alcohol (i.e.	OWI, DWI, test refusal	, open contai	ner)?		
5. If you have answered question 2, 3, or	4 "YES", then answer the follow	wing:				
a) Date of such conviction						
b) Name of Court						
c) Nature of Offense ( <i>provide details o</i>	on back)					
						_
		Signature of Applic	cant			
CT LTE OF WAG GOVERN						
STATE OF WISCONSIN) )ss.						
ST. CROIX COUNTY )						
operator's license, that all the statements i		oath says that (s)he is	the person v	ho made	and signed the	foregoing application for an
Subscribed and sworn to before me this	(4-1					
day of,	(Appli	icant sign here)				_
		For Office Use Only:				Records Check:
Notary Public, State of Wisconsin	_	Establishment: License #:				By: Date:
My Commission expires:	_	Dicense in				