Town of Arena

APPLICATION TO SERVE FERMENTED BEVERAGES AND INTOXICATING BEVERAGES

NOTICE – <u>Failure to provide complete information</u>, <u>providing false information or any form of misinformation submitted on this application is grounds for rejection or revocation of this license.</u>

Applicants by their signature acknowledge that they are a citizen of the United States and are familiar with and will abide by the laws and ordinances governing this license and that they have met all the requirements of the license applied for.

All applicants are subject to periodic background checks and information discovered may be made public in public meetings or hearings.

Successful applicants must have their license posted in plain view and are subject to inspection while employed under the conditions of this license. Operators engaged in illegal activity may affect the suitability of the bartender/operator to hold the license. Being intoxicated while operating under this license or allowing an unqualified or impaired person to work under the license may make the bartender/operator and business owner subject to license suspension or revocation.

Bartender/Operator's Licenses expires on June 30 of any given year unless otherwise stated for provisional licenses.

\$25/TWO YEAR NON-REFUNDABLE

The Town Board is not obligated to act on	any application that is not fully com	npleted.
PRIMARY EMPLOYER OR ORGANIZATION W	VHERE LICENSE WILL BE POSTED:	
DATE OF APPLICATION	TYPE OF LICENSE: NEWTra	nining Cert attached. RENEWAL
IF THIS IS A RENEWAL LICENSE, WHEN AND) WHERE IN THE TOWN WAS YOUR L	AST LICENSE ISSUED?
STABLISHMENTDATE		DATE
HAVE YOU EVER HAD AN OPERATOR'S LICE	NSE VOLUNTARILY SURRENDED OR F	REVOKED? Y N
IF YES, WHERE AND WHEN?		
PERSONAL INFORMATION:		
LAST NAME	FIRST NAME	MI
ALIAS/MAIDEN NAME(S)	PHONE # (
ADDRESS	CITY	STATEZIP
DATE OF BIRTHP	LACE OF BIRTH	STATESEX: M F
verification.) Additional pages if necessary. PAST RESIDENCES: LIST PREVIOUS RESIDE		
ADDRESS:	DATI	ES:
ADDRESS:	DATI	ES:
NOTARY SIGNATURE		APPLICANT'S SIGNATURE
NOTARY PUBLIC,COUNTY,	WI	
SUBSCRIBED AND SWORN BEFORE ME THIS		

MY COMMISSION EXPIRES ____