

Date 04/16/2020 NEW RENEW License Number _____
Receipt Number _____ PART FULL Expiration Date / /

BEVERAGE OPERATOR'S LICENSE APPLICATION

Name _____ Other Name(s) _____

Address _____
No. Street City, State & Zip Code
Email Address

Phone No. () _____ Social Security No. _____

Date of Birth _____ Gender _____

Did you ever have a Beverage Operator's License within the State of Wisconsin before? If yes, when and where? _____

Have you been convicted of a felony? Y/N Please explain: _____

Have you been convicted of a misdemeanor within the last 10 years? Y/N Please explain: _____

Have you been convicted of any other violations within the last 10 years OTHER THAN minor traffic violations? Y/N Please explain: _____

Do you have any PENDING violations of the types listed above? Y/N

If you have answered yes to any of the above questions, please list charge(s) and the date(s) of the violation(s). _____

I hereby state that I am familiar with the laws, ordinances and regulations applicable to the license being applied for and hereby agree, if granted such license, to comply with all said provisions.

I also declare that the information provided in this application is true and correct.

Any outstanding debt owed to the City of Sheboygan by applicant must be paid in full prior to license issuance.

Signature _____