

# Town of Aztalan

Circle one: New Renewal

\*\*\*\*\*All applications must be legible, completed in its entirety, include payment and attach a copy of the Beverage Server Certificate indicating course completion.

Applicant Legal Name: \_\_\_\_\_

**(PLEASE PRINT)** first middle last

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

D.L #: \_\_\_\_\_ Must be legible

Within the past five (5) years, have you been arrested for, received a summons to appear in court for, or forfeited a bond for any of the following? If unsure, check the WI Circuit Court Access website at <http://wcca.wicourts.gov>

Are you a United States Citizen?	Yes	No
Any underage alcohol violations?	Yes	No
Sale of Possession of drugs of any kind?	Yes	No
Fighting, disorderly conduct, assault or battery?	Yes	No
Resisting arrest or obstructing an officer?	Yes	No
Operating a motor vehicle while intoxicated?	Yes	No
Had a license to serve alcohol beverages suspended or revoked?	Yes	No
Any crime or ordinance violation not listed above other than traffic or parking tickets?	Yes	No

For each Yes response, you must identify all the violations, when and where they occurred, on the following lines. Attach additional sheets if necessary or continue on the back of this application.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State

Certification: I hereby certify that the information on this application is complete, accurate and true. I understand that an inaccurate, misleading or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my license. I agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local affecting the sale of such beverages and liquors.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant in the foregoing application are true. Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Notary Public, \_\_\_\_\_ County, Wisconsin. My Commission expires \_\_\_\_\_ or is permanent. \_\_\_\_\_