

**APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES
AND INTOXICATING LIQUORS IN THE TOWNSHIP OF CALEDONIA**

Date _____

To the Caledonia Town Board:

I hereby apply for a license to serve, from date hereof to June 30, _____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am _____ years of age. My date of birth is _____.

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant _____

Address of Applicant _____

Have you ever been convicted of violating any law of the State of Wisconsin or of the United States or of a felony?

If so, date of conviction _____

Name of Court _____

Nature of Offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

Signature of Applicant

State of Wisconsin
_____ County

_____, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this
_____ day of _____, _____

Notary Public, _____ County, WI.
My commission expires _____.

APPLICANT : COMPLETE BOTH SIDES

BARTENDER APPLICATION SUPPLEMENT

FULL NAME _____

ADDRESS _____

DATE OF BIRTH _____ AGE _____

SOCIAL SECURITY NUMER _____ (optional)

AUTHORIZATION TO DO BACKGROUND CHECK

I HEREBY empower an employee of the Columbia County Sheriff's Department of other authorized Representative bearing this release to, within six weeks of its date, obtain information and records pertaining to me from any or all of the following.

- 1) Municipal, State or Federal law enforcement agencies
- 2) Selective Service System
- 3) Current Employers
- 4) Past Employers
- 5) Any office, clinic, sanatorium or hospital where illness injuries and/or deterioration (physically and/or mental in nature) are diagnosed and treated.

I HEREBY release any Municipal, State, or Federal law enforcement agency, and any Caledonia Town Board or employee of the Township, individual or institution including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

DATE: _____

SIGNATURE _____
ADDRESS _____

WITNESS _____