

Application Date _____

Amount Received _____

License Number _____

NON-REFUNDABLE

**CITY OF ADAMS
APPLICATION FOR LICENSE TO SERVE FERMENTED
MALT BEVERAGES AND INTOXICATING LIQUORS**

All questions on this application must be answered completely and accurately before it can be processed.
Failure to do so could result in a delay or even rejection of the application.

NEW \$50.00

RENEWAL \$40.00

PROVISIONAL \$10.00

TEMPORARY \$10.00

(New & Renewal - Two year term, expiring in even years)

(60 days)

(per event)

NAME _____
Last First Middle

ADDRESS _____
Number, Street & Apt. City State Zip

BIRTH DATE _____ SOCIAL SECURITY _____

HOME NUMBER _____ WORK NUMBER _____

PLACE OF EMPLOYMENT _____

DO YOU HAVE A DRIVERS LICENSE Yes No

LICENSE # _____ STATE _____ EXP. DATE _____

IF NO, EXPLAIN _____

PREVIOUS NAME OR NAMES USED:

Last First Middle

Last First Middle

LIST ALL PREVIOUS RESIDENCES FOR THE PAST TWO YEARS

Number, Street, Apt # City State Zip

Number, Street, Apt # City State Zip

continued on next page ã ..

1. Have you ever been convicted of any alcohol beverage related offenses including any of the following as an adult?
 - A. Illegal purchase, sale or providing intoxicating liquor or beer? Yes No
 - B. Violation of closing hours at a licensed premises? Yes No
 - C. Any other violation of laws pertaining to alcohol beverages? Yes No
 - D. Disorderly Conduct or Criminal Damage of Property that occurred at a licensed establishment? Yes No
 - E. Obstructing a police officer while on the licensed premises for the sale of alcohol beverages? Yes No

2. Have you as a juvenile or adult been convicted of:
 - A. Operating a motor vehicle while under the influence of alcohol or controlled substance or with a prohibited alcohol concentration (stats. 346.63)? Yes No
 - B. Operation a motor vehicle while under age of 19 with a blood alcohol of more than .0% but not more than .1% (stats 346.63 (2M))? Yes No
 - C. Having alcohol beverages in your possession in a motor vehicle as a driver or passenger (stats. 346.935)? Yes No

3. Have you ever been convicted of a felony? Yes No
4. Do you have any criminal charges presently pending against you? Yes No
5. Do you presently have any overdue or outstanding forfeitures resulting from a violation of an ordinance of any county, city, village, township or town? Yes No
6. Have you ever been convicted of any misdemeanor violations? Yes No
7. Have you ever been convicted of any municipal code violations? Yes No

If you answered yes to any of the above questions, list the charge, exact location of arresting agency, date of conviction and penalty:

APPLICANTS COMMENTS:

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information shall be grounds for denial of my alcohol beverage license. I further understand that falsification of any information shall be grounds for denial or revocation of this license. I am aware of the laws governing the sale of alcohol beverages and agree to abide by those laws. I understand that the Police Department will do a background check based on my application. I hereby authorize the release of any and all records requested by the Police Department in its investigation and the Police Department will provide that information to the City Council including juvenile records. I am aware that this license will expire on June 30, 20____, and will have to be renewed before that date if I wish to continue to hold a Beverage Operator's License for the City of Adams.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY	
City of Adams Chief of Police Approval	<input type="checkbox"/> YES <input type="checkbox"/> NO
Police Chief Signature _____	Date _____