

# SODA LICENSE APPLICATION

Soda License for off Premises Consumption: **\$5.00**

Soda License for on Premises Consumption: **\$15.00**

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
 TO THE GOVERNING BODY of the CITY OF ADAMS, County of Adams.

Please Check One and Fill Out Appropriate Section: \_\_\_\_\_ Individual (**Complete A & C**)  
 \_\_\_\_\_ Partnership/LLC (**Complete A & C**)  
 \_\_\_\_\_ Corporation (**Complete B & C**)

Provide a copy of your Driver's License or STATE ID \_\_\_\_\_

**A. Individual or Partnership:**

<i>Full Name(s)</i>	<i>Home Address</i>	<i>Mailing Address</i>

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**B. Full Name of Corporation:** \_\_\_\_\_  
 Address of Corporation: \_\_\_\_\_

*All Officers & Directors:*

<i>Title</i>	<i>Full Name</i>	<i>Home Address</i>	<i>Mailing Address</i>
President			
Vice President			
Secretary			
Treasurer			
Agent			

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**C. Trade Name:** \_\_\_\_\_  
 Address of Premises: \_\_\_\_\_ Adams, WI 53910  
 Mailing Address (if different than above): \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
**EMAIL ADDRESS (required):** \_\_\_\_\_

\_\_\_\_\_  
 (/Representative/Individual / Partner / President of Corporation) (Date)

Please send application, \$5.00/\$15 fee, and a **COPY OF YOUR DRIVER'S LICENSE OR STATE ID** to:  
**City of Adams Clerk's Office**  
**PO Box 1009**  
**Adams, WI 53910**

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:

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APPLICANTS COMMENTS:

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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 \_\_\_\_\_