



Date Paid:	_____
Amount Received:	_____
Receipt Number:	_____

**DEPARTMENT OF REGULATION AND LICENSING
ALCOHOL BEVERAGE LICENSE APPLICATION**

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.

Date of Application

New \$30.00: _____

60-Day Provisional \$15.00: _____

Renewal \$30.00: _____

Temporary \$10.00 _____ Date Of Event _____

PLEASE PRINT

NAME: _____ RACE: _____ SEX: _____
LAST FIRST MIDDLE

SSN: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ADDRESS: _____
NUMBER STREET APT. # CITY/STATE ZIP

HOME TELEPHONE: _____ WORK TELEPHONE: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES: _____ NO: _____
 (Occupational, revoked or suspended license are not considered valid driver's licenses)

LICENSE NUMBER: _____ STATE OF ISSUE: _____ EXPIRES: _____

IF NO, EXPLAIN: _____

PREVIOUS NAMES USED:

LAST FIRST MIDDLE

LAST FIRST MIDDLE

LIST ALL PREVIOUS RESIDENCES:

NUMBER STREET APT. # CITY/STATE ZIP

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NUMBER STREET APT. # CITY/STATE ZIP

ANSWER EACH OF THE QUESTIONS BELOW:

1. Have you as a juvenile or adult been convicted of:
- A. **Illegal purchase, sale or providing intoxicating liquor or beer within the last 2 years?** _____
Yes / No
 - B. **Violation of closing hours at a licensed premises within the last 2 years?** _____
Yes / No
 - C. **Disorderly Conduct or Criminal Damage to Property that Occurred at a licensed establishment within the last 2 years?** _____
Yes / No
 - D. **Obstructing a police officer while on the licensed premises for the sale of alcohol beverages within the last 2 years?** _____
Yes / No
 - E. **Operating a Motor Vehicle While Under the Influence of Alcohol or Controlled Substance or with a Prohibited Alcohol Concentration (Statute 346.63) within the last 2 years?** _____
Yes / No
 - F. **Operating a Motor Vehicle in violation of Absolute Sobriety? (for persons under age 21) (Statute 346.63(2m)) within the last 2 years?** _____
Yes / No
 - G. **Having alcohol beverage in your possession in a motor vehicle as a driver or passenger within the last 2 years? (Statutes 346.935)** _____
Yes / No
 - H. **Any other violation of laws pertaining to alcohol beverages not listed above, in the last 2 years?** _____
Yes / No
3. **Have you ever been convicted of a felony within the last 5 years?** _____
Yes / No
4. **Do you have any pending Ordinance, Misdemeanor or Criminal charges?** _____
Yes / No
5. **Do you presently have any overdue or outstanding forfeitures resulting from a violation of an ordinance in the City of Edgerton?** _____
Yes / No

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

List the Name and Address of the Licensed Alcohol Beverage premises that will employ you:

Any additional Comments: _____

APPLICANT HAS RECEIVED A COPY OF CHAPTER 19 OF THE CODE OF GENERAL ORDINANCES FOR THE CITY OF EDGERTON:

- 1. Did you receive a copy of Chapter 19 of the code of general ordinances of the City of Edgerton which pertain to Alcohol Beverage Licensing _____
Yes / No

- 2. Did you read and understand Chapter 19? _____
Yes / No

- 3. Do you understand your responsibilities as a holder of a license for alcohol beverages? _____
Yes / No

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 the 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 finance committee.

Signature of Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY

Police Department record check completed by: _____

Based on the restrictions set forth in Chapter 19 the Police Department makes the recommendation that this application

be: _____ Approved _____ Denied

Basis for a recommended denial of license application: _____

LICENSE COMMITTEE:

Recommendation of License Committee: Approved _____ Denied _____

Reasons for recommending non-approval: _____

ACTION OF CITY COUNCIL: Approved _____ Denied _____

License Number: _____