APPLICATION FOR LICENSE TO SERVE FERMENTED
MALT BEVERAGES AND INTOXICATING LIQUOR
Chapter 2 Section 7-2-30 Village of Neosho Municipal Code
Non-Refundable Payment due at time of Application.
We will need a copy of your driver's license & class certification.
One Year $25.00

Date: _________________

TO THE VILLAGE CLERK OF THE VILLAGE OF NEOSHO:
I hereby apply for a license to serve, from the date hereof until 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 acts 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 a citizen of the United States and have been a residence of the State of Wisconsin continuously since __________.

Name: ____
(First) (Middle) (Last)

Maiden Name: ____________________ Date of Birth: ______________ Sex: __________

Present Address: ____ Zip: ______________
(Address) (City) (State)

Telephone: _____________________

●●

Have you ever been convicted of any felony or violating any law of the State of Wisconsin or of the United Sates or any municipal ordinance regulating the sale of intoxicating liquors? ________

Date of Convictions: ______________________ Name of Court: ______________________

Nature of Offense: ____

Where will you be employed in the Village of Neosho? ______________________________

Do you presently hold a Neosho Bartender License? ______________________________

If no, did you at one time hold such a license? ______________ Year ________

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Signature of Applicant

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Pursuant to Ordinance, the undersigned recommends that an operator's license be granted to the above mentioned applicant.

______________________________ ______________________________
Chief Signature Date

License Number Issued: ___________________
Provisional License Number Issued (if applicable): ___________________________

Submit Form