

Village of Sherwood

Application for License to Serve

Fermented Malt Beverages and Intoxicating Liquors

I hereby apply for a License to serve, from date hereof to June 30, 20__, 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 _____ years of age.

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant _____

Address of Applicant _____

Phone Number _____

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

Date of such conviction _____

Name of Court _____

Nature of offense _____

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

THIS PORTION NEEDS TO BE COMPLETED AND WITNESSED AT THE CLERK'S OFFICE OR BY A NOTARY

_____ being first duly sworn on oath says that (s)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 _____

Applicant sign here

day of _____, 20____

_____ CLERK _____

Place of employment _____

_____ NOTARY PUBLIC



**STATE OF WISCONSIN
DEPARTMENT OF
JUSTICE**

DJ-LE-250 (Rev. 4/08)

**DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau**

**PO Box 2688
Madison, WI 53701-2688
608/266-5764**

**WISCONSIN CRIMINAL HISTORY
SINGLE NAME RECORD REQUEST**

A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional instructions and information. Please print legibly or type.

Search for a Record on: (Please type or print legibly)

Name: _____ / _____ / _____
(Last) (First) (Middle)

Sex: _____ Race: _____ Date of Birth: ____ / ____ / ____
(month - day - year)

Other identifying data (Social Security Number, Maiden Name (s), Additional names, etc.)
