

**Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors  
To the Village of Eagle, Waukesha County, Wisconsin**

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**Fee \$30.00** Paid \_\_\_\_\_ License # \_\_\_\_\_ (Office Use Only)

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, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Date of Birth \_\_\_\_\_  
Signature of applicant \_\_\_\_\_

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Answer the following questions fully and completely: PLEASE PRINT

NAME First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

ADDRESS \_\_\_\_\_  
City state zip

PHONE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

Is application New or Renewal? \_\_\_\_\_

If Renewal (within the past 2 years held a Class "A", "Class A", "Class "B", or "Class B", license of permit or a manager's or operator's License, where was the privilege obtained? \_\_\_\_\_  
City Town Village

As required by WI Statues Section 125.17(6), have you completed the alcohol awareness course? \_\_\_\_\_

If so, where? \_\_\_\_\_

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? \_\_\_\_\_

STATE OF WISCONSIN

\_\_\_\_\_, County

\_\_\_\_\_, 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 \_\_\_\_\_  
Day of \_\_\_\_\_, \_\_\_\_\_ Applicants sign here

\_\_\_\_\_, Notary Public, \_\_\_\_\_ County, Wis.  
Or \_\_\_\_\_ Village Clerk

**POLICE DEPARTMENT VERIFICATION:** Discrepancies with above statement: Yes No

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_