

**CITY OF MUSKEGO**  
**APPLICATION FOR LICENSE TO SERVE FERMENTED**  
**MALT BEVERAGES AND INTOXICATING LIQUORS**

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 denial of the application.

**(PLEASE PRINT - REFUNDS WILL NOT BE ISSUED ONCE APPLICATION HAS BEEN SUBMITTED.)**

Name of Applicant: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden Name)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Name of Licensed Business  
 Where Employed: \_\_\_\_\_

Answer the Following Questions Completely	Yes	No/NA
1. Have you been convicted of a felony within the last five (5) years, which substantially relates to the alcohol beverage licensing activity? (If yes, please explain below)		
2. Have you been convicted of any other violations and/or misdemeanors related to alcohol, controlled substances, resisting arrest/battery to a police officer/obstructing justice, disorderly conduct if in conjunction with activity at a licensed alcohol establishment within the last twenty-four (24) months? (If yes, please explain below. Stipulation/payment of fine for any offense is considered as a conviction).		
3. Have you been denied a license to serve alcohol or had your license to serve alcohol revoked or suspended within the preceding twelve (12) months?		

Enter applicable arrest and conviction information, including dates, here: \_\_\_\_\_

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information may be grounds for denial of my alcohol beverage license. I further understand that falsification of any information may be grounds for denial or revocation of this license. I am aware of the state and municipal laws governing the sale of alcohol beverages and agree to abide by those laws.

I understand that the Muskego Police Department will do a background check based on my application. I hereby authorize the release of any and all records requested by the Muskego Police Department in its investigation. I further understand that the Police Department will provide that information to the City's Finance Committee and Common Council.

I hereby release any individual, institution or agency, including its officers, employees or other related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

\_\_\_\_\_  
 (Applicant Signature)

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 (Signature of Notary Public)

Notary Public, \_\_\_\_\_ County, WI

My Commission (is Permanent) or Expires: \_\_\_\_\_

Submit the completed application along with the license fee to the **Muskego City Hall, Office of the Clerk-Treasurer, W182 S8200 Racine Avenue, Muskego WI 53150 - Phone (262) 679-4100**

**FOR OFFICE USE ONLY:**

Applicant held Operator's License within the past two years (Attach proof)  
License No. \_\_\_\_\_ if issued by the City of Muskego

Completed Training Course within the past two years (Attach certificate)

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 **Regular License** **Fee \$40.00**  
License No. \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Provisional License** **Fee \$10.00**  
(Can only be issued if Responsible Beverage Server Course is required and has not been completed.)  
License No. \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Temporary License** **Fee \$10.00**  
License No. \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Investigation** **Fee \$12.00**

**TOTAL DUE** \_\_\_\_\_ **RECEIPT #** \_\_\_\_\_  
(Acct. #100.01.02.00.4244 (2-204))

Original: Police Dept. with copy of D.L.  
Copy: Clerk's Office

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**MUSKEGO POLICE DEPARTMENT:**

A background was requested verbally for this applicant on \_\_\_\_\_

Please list offenses including dates and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheet if needed.)

**There are no violations on record.**

\_\_\_\_\_  
Police Chief Paul Geiszler or Designee

\_\_\_\_\_  
(Date)