

APPLICATION FOR LICENSE TO SERVE FERMENTED  
MALT BEVERAGES AND INTOXICATING LIQUOR  
Chapter 247-6 City of Mayville Municipal Code

**Non-Refundable** Payment due at time of Application.

**New Applicant: We will need a copy of your driver's license & class certification.**

**Renewal Applicant: We will need a copy of driver's license.**

One Year \$35.00; Two Year \$45.00; Provisional \$15.00

Date: \_\_\_\_\_

TO THE CITY CLERK OF THE CITY OF MAYVILLE:

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.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Address) (City) (State)

Telephone: \_\_\_\_\_ Email for future notification of renewal: \_\_\_\_\_

Prior Address if at Current Address less than 2 years:

\_\_\_\_\_  
(Address) (City) (Zip)  
.....

Have you ever been convicted of any felony or violating any law of the State of Wisconsin or of the United States 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 City of Mayville? \_\_\_\_\_

Do you presently hold a Mayville Bartender License? \_\_\_\_\_

If no, did you at one time hold such a license? \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Chief or Designee Signature Date

License Number Issued: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Provisional License Number Issued (if applicable): \_\_\_\_\_