

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Each person listed on page 1 of the application **MUST:**
 - Complete this form AND
 - Include a copy of their Driver License or ID

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Home Address (street/route)		Post Office	City	State	Zip Code
Home Phone Number			Age	Date of Birth	Place of Birth

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? _____
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this _____ day of _____, 20 _____

(Clerk/Notary Public)



(Signature of Named Individual)

My commission expires _____



Printed on Recycled Paper



OFFICE OF THE CITY CLERK

300 East Main Street
 Sun Prairie, WI 53590-2227
 OFFICE (608) 837-2511
 FAX (608) 825-6879
 Website www.cityofsunprairie.com

ESTABLISHMENT LICENSE - APPLICANT INFORMATION – PAGE 1

APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____ If "NO" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____	
CITY							
STATE / ZIP							
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

If you have none, Initial Here _____

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

If you have not lived anywhere else besides your current address in the last 5 years, Initial Here _____

DATE	ADDRESS	CITY/STATE

Please include a copy of your driver's license or state issued identification card with the application and required fees.

ESTABLISHMENT LICENSE - APPLICANT INFORMATION – PAGE 2

Are you an Agent for the establishment?..... Yes No
Are you an officer/member for the establishment?..... Yes No
Have you attended the Beverage Servers Training Course in the past two years?..... Yes No
Have you held an Operator's License in the past two years?..... Yes No

If so please specify the municipality/city _____

Have you ever had an Establishment, Operator's or any type of Alcohol License suspended, revoked or denied in this or any other municipality? No Yes If YES, please specify municipality/city _____

Name of employer/business/organization you are also an agent/officer/member of? _____

TO: CITY COUNCIL OF THE CITY OF SUN PRAIRIE, WISCONSIN,

I hereby apply for a license to serve or sell fermented malt beverages and/or intoxicating liquors, from date approved to June 30, of the licensing year applied for, inclusive unless sooner revoked, subject to the limitations imposed by the Wisconsin Statutes and City Ordinances and all acts amendatory thereof and supplementary thereto. And I 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 is granted to me. Yes No

I certify that I am over the age of eighteen, and that the completed statements are true and correct..... Yes No

Did you read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded..... Yes No

I also authorize a review of and full disclosure of any and all, including juvenile, records, files and reports, which include any police contact as well as arrests..... Yes No

Did you provide a copy of your driver's license or state issued identification card?..... Yes No

Printed Name Signature Date

OFFICE USE ONLY- Application and fees accepted by AL / MS / EH / ____ Date ____ / ____ / 20 ____

In regards to the issuance of this license, the Sun Prairie Police Department:

- _____ has no objection.
- _____ does have an objection which is detailed, with a recommendation, in the attached report.
- _____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____

Signature of Police Chief or his/her designee DATE