## **Town of Calumet** Fond du Lac County Calumet Application for License to Serve

**Fermented Malt Beverages and** Intoxicating Liquor

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Operator License (\$10.00)	year License (\$20.00) Tem  Renewal/New (circ	porary (\$10.00)  le one)	Provisiona	al (\$10.00)
Application form, Photo ID, Proof of Enrollment or Completion of Responsible Beverage Training Session and Fee required at time of application. All fees are nonrefundable. Checks Payable to Town of Calumet Clerk, Mail to: PO BOX 92, Malone, WI 53049. If needed make more copies or request more.				
Last Name	First Name	M.I.		e (if applicable)
Address	City, State, Zip Code			
Phone	Email Address			
Date of Birth Dr	iver's License Number		Driver's Lice	nse State
Name and Address of Establishment you will be selling alcohol  Have you been convicted of any felony or of violating any law of the State of Wisconsin or the United States?  YES/NO Circle One				
Date of Conviction(s)				
Nature of offense(s) and locations				
I hereby apply for a License to se indicated above, inclusive (unless subject to the limitations impose amendatory thereof and supplem ordinances and regulations, Fede be granted to me.	s sooner revoked). Fermend by Section 125.32(2) and entary thereto, and hereby a	ted Malt Beve 125.67(2) of tagree to compl	rages and Into he Wisconsin ly with all lav	oxicating Liquors Statutes and all acts vs, resolutions,
Signature of Applicant Date				
Date received and filed with municipal clerk	Date reported to council/board	Date provisional l	icense issued	Signature of Clerk
Date license granted	Date license issued	License number is	ssued	