

# TOWN OF COTTAGE GROVE

## ALCOHOL BEVERAGE LICENSE APPLICATION

**Instructions:** Print or type all required information. Complete this form and forward it to the town clerk, along with a check or money order for the applicable fees made payable to the Town of Cottage Grove. All questions on this application **must** be answered completely and accurately before it can be processed. Failure to do so will result in a delay in processing or rejection of the application, which could jeopardize your business operation.

### LICENSE TYPE AND FEE

(Indicate which license is being applied for)

Operator (\$25)

New

Manager (\$25)

Renewal

**New Operator License applicants must attach a certified copy of one of the following:**

- **Documentation showing successful completion of a responsible beverage server training course within the last two years.**
- **A retail, manager's or operator's license held anywhere in the State of Wisconsin within the last two years.**

### PRIMARY ESTABLISHMENT

(Name of Licensed Establishment where you will work)

NAME: \_\_\_\_\_  
License is valid at all establishments licensed in the Town of Cottage Grove

### INDIVIDUAL INFORMATION

NAME: \_\_\_\_\_  
Last First Middle

HOME ADDRESS: \_\_\_\_\_  
Street Address (PO Box or RR Number NOT acceptable) City State Zip

PREVIOUS NAMES: \_\_\_\_\_  
(Use separate sheet if necessary)

DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

SSN: \_\_\_\_\_ PHONE NOS: \_\_\_\_\_  
Home Work

LIST ALL PREVIOUS ADDRESSES WITHIN THE PAST 3 YEARS: (Use separate sheet if necessary)

\_\_\_\_\_  
Date(s) Street Address (PO Box or RR Number NOT acceptable) City State Zip

\_\_\_\_\_  
Date(s) Street Address (PO Box or RR Number NOT acceptable) City State Zip

\_\_\_\_\_  
Date(s) Street Address (PO Box or RR Number NOT acceptable) City State Zip

(Continued)

**Check all applicable boxes:** Any question answered YES must be explained below in detail, including dates, nature and municipality of charges, with any appropriate documentation attached. You may use an additional separate sheet if necessary.

**YES NO** 1. Have you ever been convicted of, or are you currently charged with any of the following?  
(renewal applicants need only to report incidents occurring since your last application.)

**A Felony.** Explanation of YES answer: \_\_\_\_\_  
\_\_\_\_\_

**Illegal purchase, sale or providing alcoholic beverages.**

Explanation of YES answer: \_\_\_\_\_

**Violation of closing hours at a licensed premises.**

Explanation of YES answer: \_\_\_\_\_

**Operating a motor vehicle while under the influence of alcohol and/or drugs.**

Explanation of YES answer: \_\_\_\_\_

**A violation of an alcohol beverage law, regulation, or rule not specified above.**

Explanation of YES answer: \_\_\_\_\_

**Disorderly conduct, criminal damage to property, or obstructing a police officer.**

Explanation of YES answer: \_\_\_\_\_

2. Have you held any type of alcohol beverage license in the past 3 years?

Name of municipality where held: \_\_\_\_\_

3. Do you presently have any overdue or outstanding forfeitures resulting from a violation of any county, city, village or town ordinance?

Explanation of YES answer: \_\_\_\_\_

4. Have you ever had any alcohol beverage license revoked, suspended, or not renewed?

Explanation of YES answer: \_\_\_\_\_

**CERTIFICATION**

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information shall be grounds for denial of this alcohol beverage license. I further understand that falsification of any information provided shall be grounds for denial or revocation of this license. I fully understand all state and local laws and ordinances governing the sales of alcohol beverages that apply to this application, and agree to abide by those laws and ordinances.

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

\_\_\_\_\_  
Date Signed