

102 W. Main St. P. O. Box 168 Dane, WI 53529-0168

Telephone: 608-849-5422 Fax: 608-849-6412 E-Mail: villageofdane@charter.net

(Renewal ONLY)

Application for License to Serve Fermented Malt Beverages **Intoxicating Liquors**

Application Date:					
Answer the f			s compl ns will b	•	nd correctly. Incomplete
	Applicant Legal) Last Name MI First Name				
Date of Birth					
Drivers License #					
Address of Applicant	(Street)		(City)	(ST)	(ZIP)
Previous Address (with in past 5 years)	(Street)		(City)	(ST)	(ZIP)
List all convictions of	Felonies, Misde	emean	or and Tr	raffic	
Where do you intend	to use this licens	e	(Business	/Function)	_
I attest that the above information may be gr			d correct.	I further	understand that any false
	(Signature of Applicant)				
Subscribed and Sworn to b	pefore me				
This day of	, 20				
(Notary Public) My commission expires					