317 S. MAIN ST.
JEFFERSON, WISCONSIN 53549
674-7700

CITY OF Jefferson — SPECIAL PLACE IN WISCONSIN

TEMPORARY LICENSE APPLICATION

To serve fermented malt beverages and intoxicating liquors

License Effective ___ / ___ / ___ to ___ / ___ / ___
(Not to exceed 14 day period!)

NAME OF APPLICANT: _____
FIRST MIDDLE INITIAL LAST

ADDRESS OF APPLICANT: _____
STREET CITY STATE ZIP

DATE OF BIRTH ___ /____ / ____ **SSN** _____-_____-_____ **PHONE NUMBER** (_____) _____ - _____

Where Do You Intend To Use This License? _____

What Dates Do You Intend To Use This License? _____

Have you ever been refused a license to serve fermented beverages and intoxicating liquors?	☐ **YES**	☐ **NO**
Have you ever had such a license revoked?	☐ **YES**	☐ **NO**
Have you even been convicted of violating any criminal statute?	☐ **YES**	☐ **NO**
Have you even been convicted of violating any license law or ordinance regulating the sale of beverage or intoxicating liquors?	☐ **YES**	☐ **NO**

If you answered "YES" to any of the above questions, please give a complete explanation.

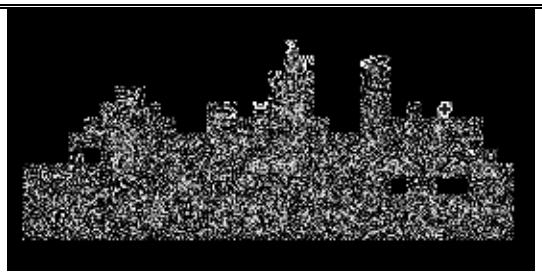
_____

_____

The undersigned, upon penalty of perjury, declares the foregoing application to be complete and accurate. Furthermore, I hereby empower the City of Jefferson and any of it's agents to obtain information pertaining to me and do hereby release any agency, business, or individual from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I hereby agree to comply with all federal, state, and municipal laws, resolutions, ordinances and regulations affecting the sale of such beverage and liquors if the license privilege should be granted to me.

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY

PAID: ☐ Cash ☐ Check _____ **COST:** $20.00

Signature of Individual issuing Provisional License: _____