

# Background Investigation Form

To be completed by all liquor license applicants (sole proprietors, members of a partnership, members of a limited liability company, or all officers, directors, or stockholders of the corporation).

Last Name			First Name				M.I.	
Residence: Street Address			City		State	Zip		
Residence Phone	Birthdate	Birth Place (City, State)	Race	Sex	Height	Weight	Hair	Eyes
Driver's License Number (State & Number)		How long immediately prior to making this application have you continuously resided in the State of Wisconsin? _____						
Have you completed Beverage Server Training? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Date of Beverage Server Training completion _____ (must provide proof of completion to City Clerk)								
Other than the address above, places of residence for the past five years:			From:		To:			
			From:		To:			
			From:		To:			
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 municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed and/or date, description and status of charges pending. <input type="checkbox"/> Yes <input type="checkbox"/> No								
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 municipality? If yes, describe status of charges pending. <input type="checkbox"/> Yes <input type="checkbox"/> No								
Do you hold, or 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? If yes, identify name, location, and type of permit. <input type="checkbox"/> Yes <input type="checkbox"/> No								
Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit, or wholesale liquor permit in the State of Wisconsin? If yes, identify. <input type="checkbox"/> Yes <input type="checkbox"/> No								
List last two employers in chronological order.								
Employer's Name			Employer's Address			Employed From		To

Please attach a copy of photo ID.