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). First Name M.I. **Last Name** Zip **Residence: Street Address** City State Hair **Residence Phone Birthdate** Birth Place (City, State) Race Sex Height Weight 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? ☐ Yes □ 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 ☐ Yes □ No 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. ☐ Yes □ 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 ves, describe status of charges pending. ☐ Yes Do you hold, or are you making application for, or are you an officer, director or agent of a □ No 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. ☐ Yes □ 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. List last two employers in chronological order. **Employed Employer's Name Employer's Address** From To