

Fee: \$ 5.00 Non "ClassB"
 \$10.00 "Class B"
 \$15.00 Record Check per person

License Expires June 30, 20____

CITY OF RACINE
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

FEIN#: _____
 Wisconsin Seller Permit #: _____
 NAME OF PERSON IN CHARGE: _____
 TRADE NAME: _____ PHONE: _____
 ADDRESS OF BUSINESS: _____

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 20____ (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

____CORPORATION ____PARTNERSHIP ____INDIVIDUAL ____OTHER____
 (Please specify)

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth

CORPORATION (NAME)

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ ZIP CODE: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE: _____

SIGNATURE OF APPLICANT

(Please print Name)

DATE OF BIRTH

SIGNATURE OF PARTNER //(IF APPLIES)

(Please print Name)

DATE OF BIRTH

DATE