

APPLICATION FOR NON-INTOXICATING BEVERAGES

License is issued to and determined by location to the business address in Caledonia where non-intoxicating beverages will be sold and/or serviced.

*** Indicates required information**

License(s) applying for [Check all that apply]: *

\$10.00 Fee applies – with a “Class B” or Class “B”

\$5.00 Fee applies – with a “Class A” or Class “A”

Business Information: *

Legal Business Name:	Trade Name:
Business Address (Street Address, City, State, Zip Code):	Business Phone Number:
Type of Business:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other (Please specify)	

Agent Information: *

First Name:	Last Name:
Home Address (Street Address, City, State, Zip Code):	Phone Number (Best to contact):

I/we hereby apply for a license to sell and/or service in the village of Caledonia for the period beginning _____ through 6/30/_____, (unless sooner revoked) non- intoxicating beverages subject to the limitations imposed by section 66.0433(1) & (2) of the Wisconsin statutes, and hereby agree to comply with all laws, resolutions, ordinances, and regulations affecting the sale of such beverages if a license is granted to me.

Applicant Full Name:	
Applicant Signature:	Date:
<u>Office Use Only</u>	
Receipt No. _____	License No. Issued _____
Fee \$ _____	Initials _____