

## Caledonia Police Department Investigation for Village Liquor License

Village of Caledonia Clerk's Office 5043 Chester Lane, Racine, WI 53402 Phone: (262) 835-6414 FAX: (262) 835-2388

APPLICANT INFORMATION										
Last Name			First				M.I.		Date	
Street Address						Apartment/Unit #				
City			State			Zip				
Phone			Email							
Place of Birth			Date of Birth				Previous Name			
Previous Address (up to the last 5 years)										
BUSINESS WHERE LIQUOR LICENCSE WILL BE HELD										
Name			Phone							
Address			License Type							
What type of establishment do you intend to operate?		Retai	Restau	RestaurantTavern / Bar			Nightclub			
Do you understand the State Statutes & Village Ordinances concerning the laws & regulations in the operation of this establishment?  Yes No										No 🗌
Do you understand that a licensed bartender or yourself must always be on duty?								Yes No		
Will you have any entertainment? If so, what type?								Yes		No 🗌
Will your music be kept at a level acceptable to the neighborhood?								Yes		No 🗌
Do you understand that the license you are applying for will expire June 30th of each year and that checks will be made by the Police Department, that records will be kept of complaints and these records may have a bearing on the Village Board renewing any future licenses?								Yes		No 🗌
What experience do you have in the operation of this type of establishment?										
How will you prevent underage drinking on-premises?										
Have you ever been convicted of violating any federal, state or local laws or ordinances related to alcoholic beverages—If yes, please explain:										
Signature of Applicant							Date			
OFFICE USE ONLY										
Review Application and provide notes:  (Officer should call applicant directly for questions—attach additional document if needed for notes)										
Applicant Approved? (Send back to Clerk) Yes N					Date					
Name of Investigating Officer (print)  Sign						ure of Investigating Off	ficer (sign)			