VILLAGE OF CALEDONIA
5043 CHESTER LANE
RACINE WI 53402

Amount $_____
Receipt No. _____
Lic. No. _____

APPLICATION FOR SODA AND OR NON-INTOXICATING BEVERAGES

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVICE IN THE VILLAGE OF CALEDONIA FOR THE PERIOD _____ THROUGH _____, (UNLESS SOONER REVOKED) SODA WATER BEVERAGES AND/OR 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.

***LICENSE IS ISSUED TO AND DETERMINED BY LOCATION TO THE BUSINESS ADDRESS IN CALEDONIA WHERE SODA WATER /NON-INTOXICATING BEVERAGES WILL BE SOLD AND/OR SERVICED**.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(**Check All That Apply**)

LICENSE(S) APPLYING FOR: ☐ SODA WATER BEVERAGES $5.00 FEE APPLIES
NON-INTOXICATING BEVERAGES
☐$10.00 Fee applies – **On-site**
☐$ 5.00 Fee applies – **Off-site**

BUSINESS IS: ☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ LLC ☐ OTHER (please specify)

***PLEASE PROVIDE LEGAL NAME OF BUSINESS**: _____

TRADE NAME: _____

BUSINESS ADDRESS (**complete address**): _____

_____

HOME ADDRESS (**complete address**): _____

_____

BUSINESS PHONE:_____ HOME PHONE: _____

_____ _____
SIGNATURE OF APPLICANT DATE

_____
PRINTED NAME