



## VILLAGE OF MOUNT PLEASANT

### Non Intoxicating Beverages License Application

1-Year License - Expires June 30th Each Year - License Fee is Non-Refundable & Not Prorated

Select One:  "Class A" Liquor License  
 "Class B" Liquor License

License Period: July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

Fee: \$50.00

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN MOUNT PLEASANT FROM DATE HEREOF UNTIL THE EXPIRATION DATE OF JUNE 30TH OF EACH YEAR (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2) OF ONE (1) PER CENTUM OF ALCOHOL BY COLUME 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.

#### BUSINESS INFORMATION:

Circle One - Business is: CORPORATION | PARTNERSHIP | INDIVIDUAL | OTHER (please specify) \_\_\_\_\_

Legal Name of Applicant/Owner: \_\_\_\_\_  Check if over the age of 18

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### PREMISES INFORMATION:

Trade Name of Business: \_\_\_\_\_

Premise Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

#### MANAGER/AGENT INFORMATION:

Full Legal Name (print) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Certification: I hereby certify that the information on this application is complete, accurate, true and agree to comply with all state and local laws, ordinances and regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Name (print) \_\_\_\_\_

Signature of Partner (if applies): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Partner (print) \_\_\_\_\_

#### FOR OFFICE USE ONLY

Return Completed Form & Payment to:  
 Mount Pleasant Village Clerk  
 8811 Campus Drive  
 Mount Pleasant, WI 53406

Questions:

Village Hall Main Line: 262-664-7800 Option 3  
 Email: clerk@mtpleasantwi.gov

Village Board Recommends:

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_

License Number \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Received Stamp