



TOWN HALL ADMINISTRATIVE OFFICES
 2445 S. AFTON ROAD
 BELOIT, WISCONSIN 53511-8663
 PHONE: 608-364-2980
 FAX: 608-364-2999
 www.town.beloit.wi.us

Application for Special Permit

Fee for Background Check \$15.00

- **ORDINANCE NO. 11-4-1 - ALCOHOLIC BEVERAGES IN PUBLIC PLACES** (Beer or Wine Coolers)

Full Name of Applicant (F/MI/L):

Address of Applicant:

City/ST/Zip:

Date of Birth:

Age:

Phone Number:

Have you ever been convicted of any felony or misdemeanor laws within the State of Wisconsin or the United States?:

If yes, describe offense, date, court, etc.:

Have you ever been convicted of violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?:

If yes, describe offense, date, court, etc.:

Location of premises for which application is being made:

Date and time for event:

Anticipated Attendance:

Nature of event for which application is being made:

Signature of Applicant:

State of Wisconsin
 County of Rock

_____ being first duly sworn on oath states that he/she is the person who made and signed the foregoing application for this special permit in accordance with Ordinance 11-4-1; that all the statements made by the applicant are true and that he/she accepts full responsibility for the activities covered by this special permit.

 Signature of Applicant

Subscribed and sworn to before me this
 _____ Day of _____, 20_____.

 Notary Public / Town Clerk, Rock County, WI