

Fee: \$5

(Office use) License #: \_\_\_\_\_



**City of New Berlin**  
 Clerk's Office/Community Relations Dept.  
 3805 South Casper Drive  
 New Berlin, WI 53151-0921  
 262-786-8610

**CITY OF NEW BERLIN  
 SODA WATER LICENSE APPLICATION**

1. First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle initial: \_\_\_\_\_
2. Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Residence address: \_\_\_\_\_
4. Business name: \_\_\_\_\_
5. Business address: \_\_\_\_\_
6. What type of business is this?: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Name and address of person/corporation who owns the premises where business is to be conducted:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Have you ever been convicted of any felony OR of violating any law in the State of Wisconsin or of the United States?:     Yes            No  
 Date(s) of such conviction(s); Nature of offense(s), and name of Court:  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Have you ever been convicted of violating any law or ordinance regulating the sale of beverage or intoxicating liquors?:     Yes            No

*To the City Clerk of the City of New Berlin, Wisconsin:*

I hereby apply for a License to sell at the premises described above, in the City of New Berlin, from date hereof until **JUNE 30, 20**\_\_ (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.043(2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted me.

I certify that I am a resident of the State of Wisconsin, and have been continuously, since (date) \_\_\_\_\_, and of the (circle one) City, Town or Village of \_\_\_\_\_ since (date)\_\_\_\_\_.

Signature: \_\_\_\_\_

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