



CITY OF MILTON
 APPLICATION FOR ALCOHOL BEVERAGE
 OPERATOR / PROVISIONAL / TEMPORARY

New License Renewal

I hereby make application with the City of Milton for an Operator's License as provided by City Ordinance with amendments thereto sell Fermented Malt Beverages and Intoxicating Liquors in the City of Milton. You must be current on all monies owed to the City of Milton per Ordinance #295.

This license to expire June 30, 20____.

Note: No Refunds Given

Name Molly Nicole Hickstein
 First Middle Last

Maiden Name: Hickstein Phone Number: [REDACTED] Male Female

The following information is required to complete a criminal history and driving record check:

Date of Birth: [REDACTED] City of Birth: Janesville

Drivers License No. / State: [REDACTED] / WI

Current Address: 823 Rogers St. Milton WI 53563
 Number Street City State ZIP

Previous Address (less than 2 years): _____

List any violations (tickets), convictions, arrests of any Local, State or Federal Laws or Ordinances within the past five years. Please include approximate dates. If in doubt, include all information. **Renewals** – Please list any of the above that occurred in the last year only.

Year	Location	Charge	At the time of incident were you under the influence of alcohol and/or other drugs?	Did the incident occur in or around an establishment that serves alcohol?
2016	Milton	OWI	THC	No

Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts, and state that all of the above statements are true and correct to the best of my knowledge. I also consent to revocation of my License upon demand, due to any false statements upon this application.

Place of Employment: Klub Bub Manager/Supervisor: Chasity Talley

Date: 10-14-2016 Molly Hickstein
 Applicant's Signature

For Office Use Only