

# APPLICATION FOR AN "OPERATOR'S" LICENSE

to Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application for the local governing body of the **Town of Addison, Washington County, Wisconsin**, for a license to serve, **from date hereof to June 30, 20\_\_**, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am \_\_\_\_\_ years of age.

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

X

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_ Phone: \_\_\_\_\_

Within the past 2 years have you held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit, or a Manager's or Operator's license?  Yes  No

If 'Yes', where was the privilege obtained? \_\_\_\_\_

As required by Wisconsin Statutes Section 125.17(6), have you completed the Responsible Beverage Service Course, (or equivalent alcohol awareness course)? Yes  No

COPY OF COURSE COMPLETION CERTIFICATE MUST BE SUBMITTED WITH APPLICATION

Have you been convicted of any felony, or of violating any law of the State of Wisconsin, or of the United States?  Yes  No

If 'Yes', date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? Yes  No

If 'Yes', date of such conviction \_\_\_\_\_

Nature of offense \_\_\_\_\_

\_\_\_\_\_, being first duly sworn on oath say that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Applicant sign here

FOR OFFICE USE:

Employer: \_\_\_\_\_ Notary Public, \_\_\_\_\_ County, Wis.

Approved: \_\_\_\_\_ License No.: \_\_\_\_\_ My Commission expires \_\_\_\_\_.

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF CRIMINAL INFORMATION**

The undersigned does hereby authorize the release of any criminal information relating to the undersigned to the Town of Addison, Washington County, Wisconsin. This authorization will remain in effect as long as the undersigned holds a Liquor and/or Operator License in the Town of Addison.

\_\_\_\_\_  
Applicant signature Date

Subscribed and sworn before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Wisconsin  
My Commission expires \_\_\_\_\_.

My Commission expires \_\_\_\_\_.