

# Application for an "Operator's" License \_\_\_\_\_ WI \_\_\_\_\_, \_\_\_\_\_ Year

to Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the ( <sup>City</sup><sub>Town</sub>  
Village ) of \_\_\_\_\_  
County of \_\_\_\_\_, 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 \_\_\_\_\_ Is application new or a renewal? \_\_\_\_\_

Address of Applicant \_\_\_\_\_

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license),  
where was the privilege obtained? ( <sup>City</sup><sub>Town</sub>  
Village ) \_\_\_\_\_

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? \_\_\_\_\_

If so, where? \_\_\_\_\_

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? \_\_\_\_\_

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? \_\_\_\_\_

Nature of violation \_\_\_\_\_

Name and address of physician signing your health certificate filed herewith (if required) \_\_\_\_\_

STATE OF WISCONSIN

\_\_\_\_\_, ss.  
County.

\_\_\_\_\_, being first duly sworn on oath says 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.

**X** \_\_\_\_\_  
Applicant sign here

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Year

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