

# Town of St Germain

PO Box 7  
St Germain WI 54558  
715-891-0699

## Bartender/Operator License Application

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

As required by WI statutes section 125.17(6) have you completed the Responsible Beverage Server's Training Course? \_\_\_\_\_ Date Completed \_\_\_\_\_ and provide copy to clerk

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

Date(s) of conviction \_\_\_\_\_

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

By signature below, the undersigned understands and agrees to the following:

I DO HEREBY make application for an operator's license, to dispense alcoholic beverages on premises requiring a retail Class A, Class B or Class C license, all subject to provisions and limitations imposed by WI Statutes 125 and Town of St Germain Code of Ordinances Chapter 14: Alcohol Control.

I DECLARE UNDER PENALTY OF LAW that all of the above information is true and correct to the best of my knowledge and belief. Incomplete, incorrect or false information may lead to denial or revocation of this license.

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_, Notary Public, \_\_\_\_\_ County, WI

My commission ends \_\_\_\_\_

**APPLICANT FULL NAME** (please print) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

I hereby give permission for the St Germain Town Board to conduct a background check prior to considering my license application.

\_\_\_\_\_  
**Signature**