

APPLICATION FOR OPERATOR'S LICENSE

To the local governing body of the **TOWN OF LAKE MILLS, JEFFERSON COUNTY, WISCONSIN**

I, _____
(PRINT first, Middle initial and last name of applicant),

of _____
(PRINT place of employment, license use and address of place of employment)

Make application for an operator's license under s. 125.17, Wis. Stats., to sell alcohol beverages in a place operated for the sale of alcohol beverages, and I agree that I will comply with all laws, resolutions, ordinances and regulations, state, federal and local, affecting the sale of alcohol beverages, if a license is granted to me. I certify that I am a person of 18 years of age and that I have successfully completed a responsible beverage server-training course.

Date of Birth _____ Signature of Applicant _____

Answer the following questions fully and completely:

Residential address of applicant: _____

Is this application for a: regular operator's license or manager's license (CIRCLE ONE)

Is application new or renewal? _____, If renewal (within the past 2 years held a Class A, Class B or Class C license, or a manager's or operator's permit), where was the privilege previously obtain _____

As required by Wis. Stat. Sec. 125.17(6), have you completed the alcohol beverage server-training course? (CIRCLE ONE)
YES NO If so, where? _____

PLEASE PROVIDE A VALID CERTIFICATION OF COMPLETION OF TRAINING COURSE WITH THIS APPLICATION IF NOT CURRENTLY ON FILE WITH THE TOWN OF LAKE MILLS

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

(CIRCLE ONE) 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 violation: _____

Nature of violation: _____

Have you been known by any other name in the last 5 years due to marriage, divorce, adoption etc?

If so please list previous names: _____

Driver's License# _____ Social Security Number: _____ - _____ - _____

PLEASE HAVE THIS APPLICATION NOTARIZED BELOW

STATE OF WISCONSIN
JEFFERSON County.

_____ (Name of Applicant) being first duly sworn on oath says that (s)he is the person who made and signed the forgoing application for an operator's license; that all the statements made by the applicant are true.

Signature of Applicant: _____

Payment or receipt is submitted herewith, showing the payment of the sum of **\$30.00** per regular operator license application or **\$25.00** per manager's license, to the Town Treasurer, in payment of this license.

Subscribed and sworn to before me
This, _____ day of _____, 20 ____

Notary Public, _____ County, WI
My Commission expires: _____

Office Use Only:

Date received by Town Clerk _____ Date reported to Town Board _____ Back ground check completed on _____
Date License granted _____ Date issued _____ License # _____
Fee received _____ in the amount of \$ _____ Check # _____

Signature of Town Clerk _____