

## APPLICATION FOR OPERATOR'S LICENSE

<b>Request:</b>	<input type="checkbox"/> <b>Renewal (\$30.00)</b>	<input type="checkbox"/> <b>New (\$30.00)</b>	<input type="checkbox"/> <b>Provisional (\$10.00) for up to 60 days</b>	<input type="checkbox"/> <b>Temporary (\$10)</b>
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<b>APPLICANT'S FULL NAME (Please Print) (First Name, Middle Name, Last Name) ALIAS NAMES</b>				
<b>DATE OF BIRTH</b>	<b>RACE</b>	<b>GENDER</b>	<b>DRIVERS LICENSE NUMBER</b>	
<b>HOME ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>DAYTIME PHONE</b>		<b>E-MAIL</b>		
<b>NAME OF ESTABLISHMENT</b>			<b>ESTABLISHMENT PHONE</b>	

- I certify that:
- I have held an operator's, premises or manager's license within the past two years (if in another municipality other than the Town of Kewaskum, proof is required),
  - I have completed the "Responsible Beverage Server's Training Course" (certificate is required) \*\*\*New Applications Only\*\*\*
  - I am familiar with all laws, resolutions, ordinances and regulation, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and obey all provisions thereof.
  - I am a citizen of the United States.
  - I have been a resident of the State of Wisconsin continuously since \_\_\_\_\_.
  - I have been a resident of the (Village / City / Town) of \_\_\_\_\_ since \_\_\_\_\_.
  - I am \_\_\_\_\_ years of age.

Have you ever been convicted of a felony?       **No**                       **Yes**

If so, state date, nature of offense and location:

<u><b>Date</b></u>	<u><b>Nature of Offense</b></u>	<u><b>Location: City, County and State</b></u>

Have you been arrested for any other offenses?       **No**                       **Yes**

If so, state date, nature of offense and location:

<u><b>Date</b></u>	<u><b>Nature of Offense</b></u>	<u><b>Location: City, County and State</b></u>

I do hereby make application for an operator's license from the date hereof to June 30, 20\_\_\_\_, inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class "A", "Class A", Class "B", or "Class B" license, all subject to provisions of and limitations imposed by Chapter 125 of the Wisconsin Statutes and Chapter 12 of the Town of Kewaskum Municipal Code, and all acts amendatory thereof and supplementary thereto.

I do hereby authorize the release to the Town of Kewaskum or any law enforcement agency any criminal information relating to me the applicant.

I further certify that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Notary Public or Town Clerk \_\_\_\_\_

Commission Expires \_\_\_\_\_ County \_\_\_\_\_

<b>Receipt #</b>	<b>License # (New/Renewal)</b>	<b>License # (Provisional)</b>	<b>Criminal Check</b>
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