

APPLICATION FOR OPERATOR'S LICENSE
To serve fermented malt beverages and intoxicating liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the TOWN OF BLOOMFIELD, WAUSHARA COUNTY WISCONSIN, for a License to serve, from the date hereof to June 30, 20____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation 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: ____/____/____

Answer the following questions fully and completely:

Name of Applicant: _____

Address: _____

As required by WI Statutes Section 125.17(6), have you completed a Responsible Beverage Training course? ____ Yes ____ No

****A copy of the certificate received for the completion of a Responsible Beverage Training course is required to be submitted with this application.**

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

If yes: Date of Conviction: _____ Name of Court: _____

Nature of Offense: _____

Was conviction related to any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? _____

*** Use the back of this application if more room is needed for explanations.*

Drivers' License Number: _____

By signing this application, you, as the applicant, are stating that all statements made on this application are true and complete.

X _____
Applicants' Signature

License No. _____ Date Issued: _____