

Town of Wilson, Sheboygan County

Application for Operator's License

I do hereby make application to the Town of Wilson for an Operator's License as provided by Section 125.17 of the Wisconsin State Statutes, to sell alcohol beverages in a place licensed by the Town of Wilson for the sale of alcohol beverages.

I certify that I was born on _____ and am a person at least 18 years of age and that I am currently enrolled in or have completed a Responsible Beverage Server Training Course. A copy of the certificate must accompany this application.

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.

NAME (print) _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____

Employing agent where license will be used _____

Have you ever been convicted of violating any license law or ordinance regulating the sale of alcohol beverages? _____ Please specify _____

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

Have you ever been convicted of an OWI? _____ Yes _____ No

Please specify _____

Have you been convicted of any alcohol or drug offenses? _____ Yes _____ No

Please specify _____

Is this a New Application _____ or Renewal _____

If renewal, list municipality and date of last license _____

(Attach a copy of the license issued from another municipality.)

New Applicants attach a copy of your certificate from responsible beverage server course.

Dated this _____ day of _____, _____.

Signature of Applicant _____

Notary signature _____ Printed name _____

County _____ Notary Expires _____

DOCUMENT MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

Signature of Employer _____ (Required)

Employer signature is required.

Background checks will be done on ALL applicants both new and renewals.

Note: Include fee with application

The Town Board will take action on any application at their regular scheduled meeting.