

# Application for Operator's License to Serve Fermented Malt Beverages and Intoxicating Liquors

FEE: \$5.00

To the Village Board of the Village of Stetsonville, Wisconsin: \_\_\_\_\_, 20\_\_\_\_  
Today's Date

I, hereby apply for a License to serve, from date hereof to June 30, 20\_\_\_\_, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations 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.

## ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

Date: \_\_\_\_\_ Establishment Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Applicant's Phone Number: \_\_\_\_\_

I certify that I am eighteen years of age or older. \_\_\_\_\_

Signature of Applicant

Is application new or renewal? \_\_\_\_\_ Driver's License No. \_\_\_\_\_

As required by WI Statutes Section 125.17 (6), have you completed the alcohol awareness course? \_\_\_\_\_ If so, where? \_\_\_\_\_ Date completed: \_\_\_\_\_

**Have you been convicted of any felony or misdemeanor for violation of any federal law, any Wisconsin law, or any laws of any other state or ordinances of any other municipality?** \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Nature of violation \_\_\_\_\_ Date of violation \_\_\_\_\_

I certify that I am the person who made and signed the foregoing application for an Operator's license and that all the statements made by the applicant are true and correct.

X \_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

Approved

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, Taylor County, State of Wisconsin

