

# Application for “Operator’s” License – City of Osseo, Wisconsin

To Serve Fermented Malt Beverages and Intoxicating Liquors

**Regular - \$25.00**    **Provisional - \$15.00**

**New**       **Renewal**

I, the undersigned, do hereby respectfully make application to the local governing body of the **City of Osseo, County of Trempealeau**, State of Wisconsin for a license to serve 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 is granted to me.

Name of Applicant \_\_\_\_\_  
Given First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Prior Last Name(s) \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that I am \_\_\_\_\_ years of age. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

As required by WI Statutes Section 125.17 (6), have you completed a responsible beverage server training course? \_\_\_\_\_ If so, where? \_\_\_\_\_ Date completed \_\_\_\_\_

If renewal (within the past 2 years held a Class “A”, “Class A”, “Class C”, Class “B” or “Class B” license or permit or a manager’s or operator’s license), where was the privilege obtained? (City) \_\_\_\_\_

**\*\*If “New” a printout from the Wisconsin Circuit Court Access website at <http://wcca.wicourts.gov> must be attached, even if the page reads “No results”.\*\***

**READ CAREFULLY BEFORE SIGNING:** I certify that all the statements made are true and correct. I understand if any information provided is found to be falsified/incorrect, my operator’s license may be revoked or denied at that time.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**OFFICIAL USE:**

Name of Business: \_\_\_\_\_ Date received: \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
(Chief of Police)