Town of Rhine, W5250 Cty. Rd. FF, Elkhart Lake, WI 53020
clerk@tn.rhine.wi.gov 920-876-3413

# APPLICATION FOR OPERATOR'S LICENSE

**Request:** ❑ **Renewal ($15.00)** ❑ **New ($15.00)** ❑ **Provisional ($10.00)**

| | | | |
|---|---|---|---|
| **Applicant Full Legal Name** | | | |
| **Home Address** | | **City** | |
| **Driver's License Number** | **Date of Birth** | **State** | **Zip** |
| **Daytime Phone** | **E-Mail** | | |
| **Name of Establishment** | | **Establishment Phone Number** | |

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 Rhine, proof is required), have completed the "Responsible Beverage Server's Training Course" (certificate is required) or enrolled in the "Responsible Beverage Server's Training Course" (copy of enrollment receipt is required).
- 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 resident of the (Village / City / Town) of _____.

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

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

**Date** **Nature of Offense** **Location: City, County and State**

_____

_____

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

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

**Date** **Nature of Offense** **Location: City, County and State**

_____

_____

I do hereby make application for an operator's license from the date hereof to June 30, 2026 inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class "A", or Class "B" license, all subject to provisions of and limitations imposed by Chapter 125 of the Wisconsin Statutes, and all acts amendatory thereof and supplementary thereto.

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_____ Date _____

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|---|---|---|---|
| **Receipt #** | **License # (New/Renewal)** | **License # (Provisional)** | **License # (Temporary)** |
| **Disposition of Investigative Check** | | | |