

**TOWN of UNION**  
**Door County, Wisconsin**

**"Operators" License Application**

To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned do hereby respectfully make application to the Town of Union, Door County, Wisconsin 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 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, resolution, 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 \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is application            ☐ New            ☐ Renewal

As required by WI Statutes 125.17(6), have you completed the alcohol awareness course?

PLEASE ATTACH A COPY OF BARTENDER CERTIFICATE or License issued within the last two years in the State of WI other than within the Town of Union.

Have you been convicted of any felony or of violating any law of the State of Wisconsin of the United States?            ☐ Yes    ☐ No

If yes, Explain (Date of conviction, Name of Court, Nature of Office),

\_\_\_\_\_

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: \_\_\_\_\_

**I swear that the above statements on this application are true.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**Fee:** \$10.00

**Payment to:** Town of Union, PO Box 3, Brussels, WI 54204