

Town of Bristol
Application for an "Operator's" License

I, the undersigned, hereby make application to the local governing body of the Town of Bristol in Dane County, for an "Operator's" License as provided by WI Statute 125.17, for the license year _____ through _____.

I certify that I am _____ years of age, and am familiar with the laws, ordinances, and regulations governing the sale and service of alcoholic beverages, and agree, if granted this license, to obey all provisions of local and state laws governing such sale and service.

Name _____ Date of Birth _____
Last First Middle

Drivers License # _____ Social Security # _____

Current Address _____ Phone # _____
Street Address, City, State, Zip

E-mail: _____

List all prior addresses for the last 5 years:

Street Address	City	State	Zip	From	To

City and State where you were born: _____

Name of Employer's Business _____ Phone # _____

HAVE you ever held an alcohol or operator's license from the Town of Bristol? _____ Yes _____ No

HAVE you ever held an alcohol or operator's license from another municipality/township? _____ Yes _____ No

If Yes, specify where and when: _____

HAVE you EVER been convicted of ANY offenses in ANY State? _____ Yes _____ No

If Yes:

For what? _____

When _____ Which Court? _____

For what? _____

When _____ Which Court? _____

HAVE you completed the state-required "Beverage Server" Course? _____ Yes _____ No. If yes, please provide a copy of the certificate of completion with this application. If No, we will issue a Provisional License for 60 days (if you pass the background check), within which time you must complete this course and provide the certificate of completion.

I hereby affirm that the above questions have been truthfully answered. I also authorize the Town of Bristol to review and check the information on this application and to refer this application for a full background investigation. I further understand that any incomplete, inaccurate or false answers will constitute sufficient reason for rejection, denial or revocation of the license.

Applicant's Signature

Date

Subscribed and sworn to before me this
_____ day of _____, 20____

FEES:

Operator's - \$25.00 Cash _____ Ck _____
Provisional - \$10.00 Cash _____ Ck _____
Background Check - \$25.00 Cash _____ Ck _____

Signature: Clerk / Notary

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For Office Use:

Approved _____ Rejected _____ at Town Board meeting on _____ (Date)