

TOWN OF BRUSSELS

APPLICATION FOR OPERATOR'S LICENSE

In accordance with Wisconsin State Statutes Section 125.17:

I, the undersigned, make application to the Town of Brussels, Door County, Wisconsin, for an operator's 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, resolutions, ordinances, and regulations, state, Federal, State, or local, affecting the sale of alcohol beverages and liquors, if a license is granted to me.

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

Address \_\_\_\_\_

Is Application (Check One):    ☐ New    ☐ Renewal

I certify that I am a person over 18 years of age and that I have successfully completed a responsible beverage server training course in alignment of WI Statutes 125.17 (6) or held an operator's license within the last two years.

Date of Birth: \_\_\_\_\_

I further certify that I have not been convicted of any violation relating to the serving or sale of alcohol beverages other than what is listed below:

\_\_\_\_\_

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

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

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

**Fee:**                \$10

**Payable to:**    Town of Brussels

**Mail to:**        1609 Orchard View Lane, Brussels, WI 54204