Town of Scott
N1306 Boltonville Rd
Adell, WI 53001
townofscottclerk@gmail.com
920.994.4470

APPLICATION FOR OPERATOR'S LICENSE

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

Request: Renewal ($15.00) New ($15.00)

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 Scott, 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 familier with all laws, resolutions, ordinances and regulation, Federal, State and Local, pertaining to the state 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 _____

I am _____ years of age

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, inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class "A", "Class A", Class "B" or "Class B" license, all subject to provisions of and limitations imposed by Chapter 125 of the Wisconsin Statues, 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 _____

License # (New/Renewal) _____