

Town of Osceola

**APPLICATION FOR OPERATOR'S LICENSE TO SERVE FERMENTED
MALT BEVERAGES AND INTOXICATING LIQUORS**

NEW RENEWAL LICENSE TYPE: _____ LICENSE NO. _____
(Regular, Provisional, Temporary) (Office Use)

Name of Applicant: _____
Last (Maiden Name) First Middle

Home Address: _____
Street City State Zip Code

Primary Phone No: _____ Birthdate: _____

Email Address: _____

***HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR OF VIOLATING ANY LAW OF THE STATE
OF WISCONSIN OR OF THE UNITED STATES?*** YES: _____ NO: _____

Date of such conviction(s): _____ Name of Court: _____

Nature of Offense(s): _____

***HAVE YOU BEEN CONVICTED OF VIOLATING ANY LICENSE, LAW, OR ORDINANCE REGULATION
THE SALE OF FERMENTED MALT BEVERAGES OR INTOXICATING LIQUORS?*** YES: _____ NO: _____

Date of such conviction(s): _____ Nature of Offense(s): _____

HAVE YOU TAKEN A RESPONSIBLE BEVERAGE SERVICES COURSE? YES: _____ NO: _____

IF "YES," WHEN AND WHERE? _____

Operator's license to be used principally at: _____

I hereby apply for an **Operator's license**, subject to the limitations imposed by Wisconsin and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances, and regulations, Federal, State, or Local affecting said license.

I certify that I am eighteen (18) years of age or older and of good moral character.

(Applicant Sign & Date Here)