

Date Filed ___/___/___ Date Considered: ___/___/___

LICENSE # _____

Record check: PASS / FAIL

Board Action: APPROVE / DENY

Paid: ___/___/___

THE \$15.00 FEE MUST BE SUBMITTED WITH THE COMPLETED APPLICATION

**TOWN OF PORT WASHINGTON, OZAUKEE CO. WISCONSIN
OPERATOR LICENSE APPLICATION**

**TO SERVE AND SELL FERMENTED MALT BEVERAGES AND INTOXICATING
LIQUORS**

I hereby apply for an Operator's License to serve and sell, from the date of issuance hereof to June 30, 20____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Chapters 125.32(2) and 125.68(2) of Wisconsin State Statutes, and all acts amendatory thereof and supplementary thereto. I agree to comply with all of the Laws, Resolutions, Ordinances, and regulations, Federal, State, or Local, that affect the sale of Beverages and liquor if an Operator's License is granted to me.

ANSWER ALL QUESTIONS FULLY AND COMPLETELY.

I certify that I am _____ years of age. My date of birth is _____.

FULL NAME OF APPLICANT

First

Middle

Last

ADDRESS OF APPLICANT

Have you ever been convicted of a felony or as a Habitual Offender of any laws of the State of Wisconsin or the United States? ☐ Yes ☐ No

If Yes, the date of conviction _____ / _____ / _____

Nature of Offense _____

Name and location of Court _____

Do you authorize the Town of Port Washington to obtain from the Federal Bureau of Investigation, the Wisconsin Crime Information Bureau, and/or the Ozaukee County Sheriff's Department any information and records that those agencies may have concerning you; and hereby, consent to and waive any objection to the use of any such information and records by the Town in determining whether to grant an operator's license YES NO

Application ☐ Original ☐ Renewal (Prior Year License # _____)

NOTE: Original License requires proof of valid Wisconsin Operator's License or Certificate of completed bartender course (available at www.wisconsinbartenderlicense.com)

This license will be used at _____

Place of Business

Signature of Applicant

All applications for licenses to sell alcoholic beverages must be filed 15 days before the granting of the licenses. §125.04(3)(f)1.

TOWN OF PORT WASHINGTON
3715 HIGHLAND DRIVE
PORT WASHINGTON, WI 53074
Telephone 262.284.5235

**AUTHORIZATION
WAIVER AND CONSENT**

The undersigned, being an applicant for an operator's (bartender) license in the Town of Port Washington, Ozaukee County, Wisconsin, does hereby authorize the Town of Port Washington, to obtain from the Federal Bureau of Investigation, from the Wisconsin Crime Information Bureau, and/or from the Ozaukee County Sheriff's Department any information and records which those agencies may have concerning the undersigned applicant; and hereby, consent to and waives any objection to the use of any such information and records by the Town in determining whether to grant an operator's license to the undersigned applicant.

Please print clearly:

Dated this _____ day of _____, 20____.

PRINT Full Name_____

Driver's License Number_____

Date of Birth_____

Sex M F

Signed_____

Witness Signature_____

Place of Employment/Alcohol License Holder_____