## Town of Dewey, Portage County, Wisconsin Operator (Bartender) License Application

Payable at the time of application  NOTE: ALL LICENSES EXPIRE JUNE 30 <sup>TH</sup> OF EACH YEAR				
Complete legal name or	your driver's license Las	st First	Middle M	aiden
Current address Numbe	r & Street	City	State	Zip
Date of birth	Phone Number	Name of T	avern where you plan	n to work
Y or NI am 18 years o	ld or older.			
Y or NI have a felony	conviction.			
Y or NI have pending	criminal charges.			
Y or NI am a registere	d sex offender.			
Y or NI have had an C	WI conviction within the pas	st 12 months.		
Y or NI have had three	e or more OWI convictions in	n the past 36 month	S.	
	inal convictions that occurre alcohol.	d on any premise li	censed for the	
Y or NI have had a pos	ssession of a controlled subst	tance conviction.		
Y or NI permit the Tox	wn of Dewey to complete a c	riminal history inve	estigation.	
Y or NL understand an	d agree that a false statement	will result in denia	of this application.	