

Application for an "Operator's" License

to Serve Fermented Malt Beverages and Intoxicating Liquors

Town of Kennan

WI

DD / MM

Year

I, the undersigned, do hereby respectfully make application to the local governing body of the (

City
Town
Village

Town of Kennan

County of Price, Wisconsin for a License to serve, from date hereof to June 30, 20_____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations 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, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am _____ years of age. Date of Birth / / **X** Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant _____ Is application new or a renewal? _____

Address of Applicant _____

If renewal (within the past 2 years held a Class "A", "Class A", "Class C", Class "B" or "Class B" license or permit or a manager's or operator's license), where was the privilege obtained? (City
Town
Village) _____

As required by WI Statutes Section 125.17(6), have you completed the alcohol awareness course? _____

If so, where? _____

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? _____

Date of such conviction _____ Name of Court _____

Nature of offense _____

Have you been convicted of violating any license law or ordinance regulating the sale of Fermented malt beverages or intoxicating liquors? _____

Nature of violation _____

Name and address of physician signing your health certificate filed herewith (if required) _____ **Not Required**

STATE OF WISCONSIN

Price _____ ss.
County. _____

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

X

Applicant sign here

Subscribed and sworn to before me this _____

day of _____, _____

Year

Notary Public, _____ County, Wis.

Schneider Printing, Inc., Johnson Creek, WI 55058
Form 120 (Rev 00)

Office Use Only

“Operator’s” License
Section 125.32(2) & 125.68(2)

At a meeting of the local governing body of

the (City – Town – Village) of _____

County of _____, Wis.
and after due consideration of this
application, it was moved and carried to grant
a license to said

Name of Applicant

upon payment of the fee therefore to the
Treasurer.

Clerk

License No. _____
issued the _____ day
of _____, _____
ending _____, _____
Year _____

Clerk

Schneider Printing, Inc., Johnson Creek, WI 55058
Form 120