Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

❑ New ❑ Renewal Shullsburg, WI _____, 20____
Date

I, the undersigned, make application to the local governing body of the City of Shullsburg , County of Lafayette, 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 Statues 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.

Answer the following questions fully and completely:

Name of Applicant _____ Phone _____
First Middle Last

Address of Applicant _____

*Date of Birth _____ *Sex_____ *Race_____

*Soc. Sec. # _____ *D.L. # _____

As required by WI Statutes Section 125.17 (6), have you completed the Beverage Server Training Course?_____

If yes, Attach Beverage Training Certificate to the application. (Clerk will have on file if this is a renewal)

Have you been convicted of a felony or any alcohol-related or drug-related misdemeanor? _____

Date of such conviction _____ Name of Court _____

Nature of offense _____

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

Have you ever had a license to serve alcohol beverages suspended or revoked, or surrendered the license in lieu of suspension or revocation? _____ If yes, provide the place and date _____

Have you been convicted of operating a motor vehicle while intoxicated? _____ Date(s) _____

Have you been hospitalized or treated in the last five years for drug abuse or alcoholism? _____

If yes, explain and give dates _____

Name of employer for which license is intended _____

* We request this information so we can verify your criminal and driving history. This information is maintained in confidence.

STATE OF WISCONSIN
Lafayette 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 _____, 20 _____

_____
Notary Public, _____ County, Wisconsin