

Application for an Operator's License - Town of Ashippun, WI
To Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make an application of the local governing body of the Town of Ashippun, Dodge County, WI for a License to serve, from date of to June 30, 2019 inclusive (unless sooner revoked). Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32 and 125.68(2) of the WI 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 is granted to me.

I certify that I am years of age: _____ Date of Birth: _____
Signature of Applicant

Where will you be employed in the Town of Ashippun: _____

Name of Applicant: _____ Is application NEW or RENEWAL? _____
(First) (M.I.) (Last)

Address of Applicant: _____

Driver's License #: _____ Do you presently hold a bartenders license? _____

Social Security #: _____ Where ? _____

Telephone #: _____

If renewal (within the past 2 years held a Class "A", Class "B", Class "C" license or permit or 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 ? _____ Note: Provide a course completion certificate.

Have you been convicted of any felony or of violating any law of the State of WI or 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: _____

STATE OF WISCONSIN - Dodge 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.

Background Check _____ Subscribed and sworn to before me this _____ day of _____
Approved _____ Disapproved _____ Year _____

_____ Notary Public: _____ County, Wisconsin