

Application for an "Operator's" License

\$32.00 (Temp = \$8)

To sell fermented malt beverages and intoxicating liquors

Filling out your application:

An Operator's License is a privilege, not a right. Any false answers or omissions may result in the denial of your application.

The application must be filled out accurately and completely.

**It is your responsibility to get the application & payment to the Clerk to get on the Agenda for the Town Board's approval.

If you have any doubt as to whether to include the facts of a specific incident, it is recommended that you disclose the information.

If you are unsure about how to respond to any questions on this form, check with the Town Clerk for clarification.

Your application will not be processed until you deal with outstanding warrants.

**Attach a check made payable to the Town of Utica or cash.

****BACKGROUND CHECKS WILL BE PERFORMED.** Once the Town Board approves and the background check has been completed successfully, you will receive your license.

I, the undersigned, do hereby respectfully make application to the local governing body of the **Town of Utica, County of Winnebago, Wisconsin** for a license to serve, from date hereof to **June 30, 2022**, 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 the 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 **ALL** the questions fully and completely. Please print legibly.

| | | | | | | | |
|---|--|--|--|----------------|--|--|--|
| Name of Applicant: (First/Middle/Last): | | | | New / Renewal: | | | |
| Address of Applicant: | | | | | | | |
| Employer as an Operator: | | | | Telephone: | | | |
| Race: | | | | Date of Birth: | | | |
| Gender: | | | | Age: | | | |

If renewal (within the past 2 years held a Class "A", Class "B" or Class "C" license or permit, a manager's or operator's license).

| | |
|--|--|
| Have you completed the alcohol awareness course? | |
| Where & When [As required by WI Statutes 125.17(6)]: | |

| | |
|--|--|
| Have you been convicted / have a pending felony, or violated any laws of the State of WI or 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 of intoxicating liquors? | |
| Date of Violation: | |

STATE OF WISCONSIN ~ Winnebago 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

MUST be signed by a notary or by the employer who does not need to be a notary!

Subscribed and sworn to before me this ____ day
of _____, 20____

Please attach a copy of your Certificate of Completion of the Responsible Beverage Service or Bartender's License if a new applicant.

Notary Public, _____ County, WI