

Application for an "Operator's" License Springfield WI _____, _____
To Serve Fermented Malt Beverages and Intoxicating Liquors Date Year

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Springfield, County of Dane, Wisconsin for a License to serve, from the 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, resolution, ordinances and regulation, 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:_____/_____/_____ Soc Security _____
Race _____ Male or Female _____

Name of Establishment _____

Answer the following questions fully and completely:

Name: _____ Is application new or a renewal? _____
First MI Last

Address of Applicant: _____
Street Address City ZIP Code Phone Number

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).

City
Where was the privilege obtained? (Town) _____
Village

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

If so, where? _____ (Attach certificate)

Have you ever had a criminal conviction? If yes, what and where? _____

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

If so, name of court: _____

STATE OF WISCONSIN
DANE 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

Date of Application

Date of Board Approval _____

Subscribed and sworn to before me this _____

Day of _____, _____

Dane County, Wis.

Notary Public: _____

My Commission Expires: _____