

APPLICATION FOR "OPERATOR'S" LICENSE
to the TOWN BOARD FOR THE TOWN OF LEON, WISCONSIN

Class Completion (Slip Attached – If New)
No / Yes - Date _____

- OR -

Copy of retail license, manager's license
or operator's license anywhere in WI if
held within the last two (2) years

Establishment _____

New Oper Lic # _____

Pd \$15 _____ Rec # _____

Expires _____

Prov Lic # _____

Pd \$15 _____ Rec # _____

Expires _____

I hereby apply for a license to serve, from date _____ to _____, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.17(1), 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 a citizen of the United States and that the following complete statements are correct and true.

Male _____ Female _____ Is application new or a renewal? _____

Name of applicant: _____
(Please Print) (Last) (First) (MI)

Maiden Name (If Applicable) _____

Address: _____ City _____

Driver License: _____ Telephone (day) _____

I certify that I am _____ years of age. Date of Birth: _____ Telephone (night) _____

As required by WI Stats. 125.17(6), have you completed the alcohol awareness course? _____ If so, where? _____

Attach proof of completion of the training awareness course. _____

List dates and places of residence for the past 5 years (if different from above):

1) _____ 2) _____

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States (including traffic violations)? Yes _____ No _____ Date of conviction _____

Name of Court: _____

Nature of Conviction: _____

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

Yes _____ No _____

Date of Application _____

(Signature of Applicant)

STATE OF WISCONSIN

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.

(SEAL)

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

Print _____

Sign _____

Notary Public, _____, County, WI

APPLICATION FOR "OPERATOR'S" LICENSE
to the TOWN BOARD FOR THE TOWN OF LEON, WISCONSIN

Application accepted by _____ Date _____

Date approved by Town Board _____

Criminal History: _____

Sex Offender Database: _____

Approval: Yes _____ No _____ DATE: _____

Authorized Person for the Town of Leon, Waushara County