

Town of Wilson, Sheboygan County Application for Operator's License

Please Complete all Information Requested. Incomplete Applications will not be processed.

I do hereby make application to the Town of Wilson for an Operator's License as provided by Section 125.17 of the Wisconsin State Statutes to sell alcohol beverages in a place licensed by the Town of Wilson for the sale of alcohol beverages.

I certify that I was born on _____ and am a person at least 18 years of age and that I am currently enrolled in or have completed a Responsible Beverage Server Training Course. A copy of the certificate must accompany this application.

I agree that I will comply with all laws, resolutions, ordinances and regulations (state, federal and local) affecting the sale of alcohol beverages if a license is granted to me.

Name (print) _____

Street Address _____

City, State, Zip _____

Date of Birth _____ Phone _____

Employing Agent Where License will be used _____

• Have you ever been convicted of violating any license law or ordinance regulating the sale of alcohol beverages? _____

If "Yes" Please specify _____

• Have you ever been convicted of a felony? ____ Yes, ____ No. Have you been convicted of an OWI? ____ Yes, ____ No

If you answered "Yes" to questions above please specify: Date, Type of Conviction, Explanation (use back of this sheet) _____

• Have you been convicted of any alcohol or drug offenses? _____ Yes, _____ No If "Yes" Please specify: Date, Type of Conviction, Explanation (use back of this sheet) _____

• Is this a New Town of Wilson Application _____ or a Renewal _____ Renewal: *(Required)* List Municipality, date of last license attach a copy of the license issued from another municipality. _____

**** New Applicants attach a copy of your certificate from responsible beverage server course ****

Signature of Employer _____ Print Name _____

Employer signature is required.

*****NOTE*****

Background checks will be done on ALL applications both new and renewals. Include Fee with application

The Town Board will take action on any application at their regular scheduled meetings.

Dated this _____ day of _____, _____

Signature of Applicant _____