Application for an "Operator's" License

To Serve Fermented Malt Beverages and Intoxicating Liquors

❑ New ❑ Renewal Pleasant Springs, WI _____
Date

I, the undersigned, make application to the local governing body of the Town of Pleasant Springs, County of Dane, Wisconsin for a License to serve, from date hereof to **June 30, 2027**, 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 Statues 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.

Answer the following questions fully and completely:

Name of Applicant _____ Phone _____
First (legal) Middle Last

Address _____City_____State_____Zip_____

Date of Birth _____ Sex_____

Driver's License Number _____State issued from _____

Social Security Number_____

As required by WI Statutes Section 125.17 (6), have you completed the Beverage Server Training Course? _____

If so, where? _____Attach a copy of your completion certificate.

Have you been convicted of violating any of the following drug-related or alcohol related charges?

A. Operating a motor vehicle while intoxicated: ___Yes ___ No, If Yes, date(s) of such conviction(s)_____

B. Underage Drinking: ___Yes ___ No, If Yes, date(s) of such conviction(s)_____

C. Service to underage person(s) ___Yes ___ No, If Yes, date(s) of such conviction(s)_____

D. Any other miscellaneous drug or alcohol related violations (please use backside for addtl space)? ___Yes ___ No,

If Yes, date(s) of such conviction(s)_____. If Yes, nature of conviction: _____

_____

Have you ever had a license to serve alcohol beverages suspended or revoked, or surrendered the license in lieu of suspension or revocation? _____ If yes, provide the place and date _____

Have you been hospitalized or treated in the last five years for drug abuse or alcoholism? _____

If yes, explain and give dates _____

Name of employer for which license is intended _____

I understand that the fee of $30.00 is not refunded if this application is denied. I understand giving false or incomplete information on the application shall be grounds for denial. I also understand an operator's license is a privilege, not a right, and my application will be subject to a criminal and driving background check.

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

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

_____
Notary Public, _____ County, Wisconsin
My Commission Expires_____