

TOWN OF BIG FLATS
STATE OF WISCONSIN
APPLICATION FOR AN "OPERATORS' LICENSE
To serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned do hereby make application to the local governing body of the Town of Big Flats, County of Adams, Wisconsin, for a License to serve, from date hereof to June 30, _____, 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, Resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely:

Name of Applicant: _____

Complete Address _____

Phone Number: _____ Cell: _____ Drivers License# (Also attach copy): _____

I certify that I am _____ years of age. Date of Birth _____ / _____ / _____

Is application **NEW** or a **RENEWAL**? _____
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), where was the privilege obtained? (City, Town, Village) _____

As required by Wisconsin Statutes Section 125.17(6), have you completed the alcohol awareness course? _____
If so, where? _____ (Attach a copy of Certificate of Completion)

Have you been convicted of any **felony** in the State of Wisconsin, any other state? _____
Date of Such Conviction(s): _____
Name and location of Court: _____
Nature of Offense: _____

Have you been convicted of violating **any law** in the State of Wisconsin, any other state in the U.S.? _____
Date of Such Conviction(s): _____
Name and location of Court: _____
Nature of Offense: _____

Have you been convicted of violating **any License law** or ordinance regulating the sale of **Fermented malt beverages or intoxicating liquors**? _____
Nature of violation _____

I am aware that the Town of Big Flats clerk will run a criminal background check. I am aware that the application fee is not refundable.

Name of Town of Big Flats establishment you expect to be employed by: _____

Applicant's Signature X _____ Date _____

Below to be completed by Town Clerk/Deputy

At a meeting of the local governing body of the Town of Big Flats, County of Adams, Wisconsin and after due consideration of this application, it was moved and carried to grant a license to said

Name of Applicant

Upon payment of the fee therefore to the treasurer.

License No. _____

Issued the _____ day of _____, 20__ ending _____, 20__ Clerk: _____