Application for an Operator's License

to Serve Fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the governing body of the Town of Worcester, Price County, Wisconsin for a License to serve, from 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, 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 _____ years of age, that I am a citizen of the United States, that I am familiar with the laws, ordinances and regulations pertaining to the sale of intoxicating liquor and/or fermented malt beverage. Date of birth: _/__/__.

Signature of applicant	Date of Application
Name Print	Phone Number
Street	Alternate Phone Number
City, State, Zip	Primary establishment where you intend to work
 Is application □New or □Renewal? Have you in the past two years had an Operator's License? □ Yes If yes, what municipality issued it? (circle one) City, Village or Town of Have you completed the responsible beverage training course? □ Y 	of:
 For the following questions, if in doubt, include the information. Explain Have you been convicted or arrested for violating any Federal, State alcoholic beverages as defined by State laws or local ordinances? Have you been convicted or arrested for any felony or law of the State Are there any charges presently pending against you for violation of 	or Local laws or ordinances regulating the sale or control of □ Yes □ No te of Wisconsin or the United States? □ Yes □ No
STATE OF WISCONSIN)) Price County)ss	
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 thisday of, 20
	Notary Public,County, Wis. My commission expires:
ENCLOSE APPLICATION FEE: \$15.00	

For office use only: Date received: _____

Town of Worcester Clerk