

Application for an Alcohol Beverage Operator's License

To Serve Fermented Malt Beverages and Intoxicating Liquors

Town of Crescent

New

Renewal

Date: _____

Fee Paid: \$10.00

Cash

Check

Name of Employer for which license is intended: _____

I, the undersigned, made application to the Town Board of the Town of Crescent, Oneida County, Wisconsin for a license to serve, from the 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 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.

(PLEASE PRINT)

Name of Applicant: _____ Home phone: _____
first middle last

Work Phone: _____

Complete Address: _____

Date of Birth: _____ Gender: Male Female

Driver's License Number: _____

****This application must be completed in its entirety or it will be returned as incomplete and will postpone when it is able to be heard before the Board.**

1. As required by Wis. Stats. Section 125.17 (6), have you completed a Responsible Beverage Server Training Course: Yes No

If so, where and when? _____

(a copy of the certificate indicating course completion must be attached to this application unless applicant is renewing an active Operator's license)

2. Have you held an Operator's License within the last 2 years? Yes No

If not in Crescent, attach a copy of the license or a letter from the Clerk of the Municipality

3. Have you been fined/arrested for and/or convicted of violating any law of the State of Wisconsin or of the United States (including traffic violations)? Yes No

Date of Arrest	Date of Conviction (if applicable)	Name of Court	Nature of Offense

Please continue by completing the reverse side of this form.

Over

4. Have you ever had a license to serve alcohol beverages suspended or revoked, or surrendered the license in lieu of suspension or revocation? Yes No

If yes, provide the place and date _____

5. Have you been hospitalized or treated in the last five years for drug abuse or alcoholism? Yes No

If yes, explain and give dates: _____

6. Are you a citizen of the United States? Yes No

7. Since when have you been a resident of the State of Wisconsin? _____

I understand that the fee is not refundable should this application be denied.

STATE OF WISCONSIN)
) SS
ONEIDA COUNTY)

I, _____, being first duly sworn on oath says that (s)he is the person
(printed name of Notary Public)
who made and signed the foregoing application for an operator's license; that all statements made by the applicant in the foregoing application are true.

X _____ Subscribed and sworn to before me this _____
(Applicant sign here) day of _____, 20_____

Notary Public, _____ County, Wisconsin
My commission is permanent
 expires _____