TOWN OF OSCEOLA

APPLICATION FOR AN "OPERATOR'S" LICENSE

to Serve Fermented Malt Beverages and Intoxicating Liquors

New Application _____ Renewal Application _____ Date _____

Employed by _____

TO THE TOWN BOARD OF THE TOWN OF OSCEOLA:

I hereby apply for a License to serve, from date of issuance to June 30th, 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 authorize the Town of Osceola to check any records which may be in the hands of federal, state or local authorities regarding pending criminal charges or past criminal or other convictions.

Answer the following questions fully and completely:

Name of Applicant _____
First Middle Name Last

Address _____
Street City State Zip Code

Date of Birth _____ Age _____ Phone # _____

Have you completed an approved responsible beverage server training course? Yes _____ No _____

If so, where _____ **(attach copy of certificate)**

Have you been licensed before? Municipality & date of most recent license _____

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? _____

Date of such conviction _____ Name 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 _____

THIS APPLICATION MUST BE NOTARIZED

STATE OF WISCONSIN.
Polk County. ss

_____, being first duly sworn on oath says that (s)he/she is the person who made and signed the foregoing application for an operator's license and that all the statements made by the applicant are true.

Signature of Applicant _____

Subscribed and sworn to before me this _____day of _____, 20____

Notary Public or Clerk _____

My commission expires _____

Office Use Only

OPERATOR LICENSE _____ $10.00 LICENSE# _____
BACKGROUND CHECK _____ $ 7.00