

TOWN OF BELLE PLAINE OPERATOR'S LICENSE APPLICATION

To serve fermented malt beverages and intoxicating Liquors

TO THE TOWN OF BELLE PLAINE BOARD, SHAWANO COUNTY, WISCONSIN ... I hereby apply for an Operator's License, subject to Sections 125.17(1), 125.32(2), 125.04(5)(a), (b) & (d), 125.17(6) of the Wisconsin Statutes for the licensing ending June 30, _____.

Applicant Full Name _____

Address _____

Email _____ Phone (____) _____ - _____

Social Security Number ____ / ____ / _____ Date of Birth ____ / ____ / _____

Name and address of full-time employer _____

Which establishments will you be employed by? _____

Have you ever been convicted of any felony or any laws of the State of Wisconsin or the United States? Y or N
If so, please provide date, charge, Statute Number/Local Ordinance where convicted? _____

Have you ever been convicted of violating any laws or ordinances regulating the sale of alcoholic beverages? Y or N
If so, please explain _____

Are there any charges currently pending against you? Y or N If so, please explain _____

Expiration Date of current Operator's License ____ / ____ / _____ Issuing Municipality _____

If you have had an Operator's License for the past two years, you are exempt from completing the Responsible Beverage Seminar. Otherwise, your Certificate of Completion must be presented upon application, per Chapter 125.17(6) of the Wisconsin Statute.

Applicant's Signature _____ Date ____ / ____ / _____

NOTE: LICENSE FEE OF \$50.00 (2 YEARS) MUST ACCOMPANY THIS APPLICATION. COPY OF YOUR DRIVERS LICENSE AND A COPY OF YOUR SERVERS' CERTIFICATE MUST ACCOMPANY ALL NEW APPLIACTIONS. New applications for approval will be on the next monthly Town Board meeting agenda.

FOR OFFICE USE ONLY			
___ Background Check	___ \$50 Fee Paid	___ Town Board Approval on ____ / ____ / _____	Clerk's Initials _____