

Application for an "Operator's License"

For licensed serving of Fermented Malt Beverages & Intoxicating Liquors

To the Clerk of the Governing Body of the Town of Conover
Vilas County, Wisconsin 54519

I hereby apply for a License to service, from the date hereof until June 30th, 20 ____ inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Wisconsin Statute 125.32(2) and 125.68(2) and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with the 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. Date of Birth: ____/____/____

Signature of Applicant

Print Information Clearly Below:

Name _____
Physical Address _____
Mailing Address _____
City _____ State _____ Zip _____
Tel# _____

Have you been convicted of any felony or of violating any law of the State of Wisconsin or that of the United States? Yes No
Date of Such Conviction _____
Name of Court _____
Nature of Offense _____

Have you been convicted of violation of any license law or ordinance regulating the sale or the consumption of controlled or intoxicating beverages and liquors: Yes No

With reference to WS 125.17(6), I have completed the Responsible Beverage Server Training Course within the past two (2) years and can attach proof of such to this application.
 Yes No

Proof of a previous license for serving alcoholic beverages in the past 24 months can also be accepted for answering "YES" to the above question.

Applicant's Signature

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

Clerk or Notary Public
Vilas County, Wisconsin
Commission Expires _____

Annual License Fee: \$10.00
Payable to: TOWN OF CONOVER
Mail to: PO Box 115
Conover WI 54519-0115