APPLICATION FOR OPERATOR'S LICENSE

Town of Washington 2301 Town Hall Rd Eagle River WI 54521 715.479.8886 clerk.townofwashington@gmail.com

	PRINT ALL INFORM	MATION NEATLY			
APPLICANT'S COMPLETE NAME (First, Middle,	Last) (Maiden Name if appl	licable)			
DATE OF BIRTH	AGE	EMAIL ADDRESS			
APPLICANT'S STREET ADDRESS	<u> </u>	CITY	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT)		PHONE NUMBER	PHONE NUMBER		
RACE		MALE/ FEMALE	SOCIAL SECURITY NUMBER		
LICENSE FOR USE AT (Name of Establishment 1) I CERTIFY THAT: • I have held an Operator's or Manager's Livears. ~ YOU MUST PROVIDE A COPY	icense OR have completed the Completed the Completed the Complete of the Compl	THE APPLICATION.	-	. , ,	
 I am familiar with ALL laws, resolutions, o liquors, and if granted said license, do ag I am a citizen of the United States of Ame 	ree with and will obey all prov	visions thereof.	ertaining to the sale of	such beverages and	
2) HAVE YOU EVER HAD AN OPERATOR'S LICE	NSE SUSPENDED OR REV	/OKED? NO	YES_		
If yes, explain:					
3) HAVE YOU EVER BEEN <u>CONVICTED OF A FE</u> WAS INVOLVED? NO		R HAVE A PENDING PRO answer the following:	SECUTION IN WHICH	H DRUGS OR ALCOHOL	
DATE NATURE OF OFFENSE		LOCA	TION: CITY, COUNTY	/, STATE	
4) HAVE YOU BEEN CONVICTED OF VIOLATING INTOXICATING LIQUORS? NO DATE NATURE OF OFFENSE		answer the following:	LE OF FERMENTED N		
IF MORE ROOM IS NEEDED FOR FURTHER 5) I hereby make an application for an Operator's requiring a retail alcohol license in the State of Wiscothe Town of Washington Code of Ordinances, and a statements. I understand that if any false statements. I understand that if any false statements.	s License from the Town of consin, subject to provisions all acts amendatory thereof a true. I give the Town of Winents OR omissions are m	Washington County of Vi of and limitations imposed nd supplementary thereto. /ashington permission to nade on this application	las, to dispense alcoh by Chapter 125, WI S perform any necessary it will automatically	polic beverages on premises that the sand all ordinances of the sand all ordinances of the sand the sa	
approval. I further agree to comply with and be both THE MAXIMUM LENGTH OF THIS	•			•	

APPLICANT SIGNATURE

\$30.00 FEE - Fee *MUST* accompany application. Make checks payable to: Town of Washington.