

# APPLICATION FOR OPERATOR'S LICENSE

Town of Phelps, 4495 Town Hall Road, PO Box 157, Phelps, WI 54554 715-545-2270

Email: [townclerk@phelpswi.gov](mailto:townclerk@phelpswi.gov)

Last Name (Maiden Name, if applicable)		First Name		M.I. (Required)
Date of Birth (MM/DD/YYYY)	Phone Number		Social Security Number	
Applicants' Street Address				
Mailing Address (if different)				
Driver's License Number		Establishment Where Employed (in Town of Phelps):		

This license shall expire on June 30 of even numbered years. The maximum length of this license will be for **two years**.  
The fee for a 2-year license is \$30. The fee for any license with less than one (1) year remaining before the expiration date is \$15.

## 1) I CERTIFY THAT:

- \_\_\_\_\_ I have held an Operator's or Manager's License OR have completed the "Responsible Beverage Server's Training Course" within the past two (2) years. **YOU MUST PROVIDE A COPY WITH THIS APPLICATION**).
- \_\_\_\_\_ I am familiar with ALL laws, resolutions, ordinances, and regulations, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, hereby affirm that I will obey all provisions thereof.
- \_\_\_\_\_ I am a citizen of the United States of America at least 18 years of age.

## 2) HAVE YOU EVER HAD AN OPERATOR'S LICENSE SUSPENDED OR REVOKED? NO \_\_\_\_ YES \_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## 3) HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR HAVE A PENDING PROSECUTION IN WHICH ALCOHOL WAS INVOLVED (ie. OWI, bartending while intoxicated)? NO \_\_\_\_ YES \_\_\_\_

If yes, please state the date, nature of offense and location (city/county/state): \_\_\_\_\_  
\_\_\_\_\_

## 4) HAVE YOU BEEN CONVICTED OF VIOLATING ANY LAW OR ORDINANCE REGULATING THE SALE OF FERMENTED MALT BEVERAGES OR INTOXICATING LIQUORS? NO \_\_\_\_ YES \_\_\_\_

If yes, please state the date, nature of offense and location (city/county/state): \_\_\_\_\_  
\_\_\_\_\_

## 5) I have enclosed my \$ \_\_\_\_\_ application fee with this application (check payable to: Town of Phelps).

- 6) I hereby make an application for an Operator's License from the Town of Phelps County of Vilas, to dispense alcoholic beverages on premises requiring a retail alcohol license in the State of Wisconsin, subject to provisions of and limitations imposed by Chapter 125, WI Statutes and all ordinances of the Town of Phelps and all acts amendatory thereof and supplementary thereto. I further certify that *all statements made above are true*. I give the Town of Phelps permission to perform any necessary checks to verify the above statements. I understand that if any false statements OR omissions are made on this application, it will automatically void consideration for its approval. I further agree to comply with and be bound by all laws, ordinances, rules, regulations, and penalties pertaining to the requested license.

\_\_\_\_\_  
APPLICANT SIGNATURE

Clerk/Treasurer Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Approved by Town Board: \_\_\_\_\_ Operators License #: \_\_\_\_\_ Disapproved: \_\_\_\_\_