TOWN OF BAYFIELD

APPLICATION FOR AN "OPERATOR'S" LICENSE

To the governing body of the Town of Bayfield, Bayfield County, Wisconsin:

I, the undersigned, do h body of the Town of Bayfield, License as provided by Section Statutes, for the period ending	n 125.17(5), (6), 125.32(2),	onsin, for an "O	perator's"
I certify that I am and regulations pertaining to b obey all provisions of said law			
If not previously licensed by th Beverage Server Training Cou		n copy of "Respo	<mark>onsible</mark>
I	Print Name		
1	Alias, aka if any		
<u> </u>	Signature *		
1	Address		
(City	State	Zip
I	Date of Birth		
9	Social Security#		
I	Employing Agency		
I	Race: White-□		
	Native American-□		
	Other $-\Box$ please state	e	
*THIS FORM MUST BE NO	ΓARIZED		
Subscribed and sworn to beforday of, 20			
Notary			