



## Application for Operator's/Provisional License To Serve Malt Beverage and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the Town of Delavan, Walworth County, Wisconsin for a license to serve from the date here of to June 30, 2025, inclusive (unless sooner revoked). Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions and ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me

### ANSWER THE FOLLOWING QUESTION IN FULL AND COMPLETELY

Date:

Name of Applicant:

First	Middle Initial	Last

Maiden Name:

Nickname if any:

Address:

Number	Street	City	State	Zip

Age:

Date of Birth:

Driver's License #

Have you been convicted of any felony or of violating any law or the State of Wisconsin or of the United States:

Yes

No

**FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DENIAL**

Date(s) of such Conviction(s):

Court:

Nature of Offense(s):

Have you been convicted of violating any license law or ordinances regarding the sale of fermented malt beverages or intoxicating liquors:

Yes

No

Nature of violation:

Phone Number:

Work #:

Email

Which Establishment Will You Work?

Renewal Fee: \$72 (bi-annually)

Needed: Copy of Your Driver's License

& Copy of WI Server's Certification

Signature of Applicant

New or Provisional Licenses

\$15 (Provisional Fee) +

Pro-rated License Fee



July	\$ 72.00	Oct	\$ 66.00	Jan	\$ 60.00	April	\$ 54.00
August	\$ 70.00	Nov	\$ 64.00	Feb	\$ 58.00	May	\$ 52.00
Sept	\$ 68.00	Dec	\$ 62.00	March	\$ 56.00	June	\$ 50.00

**Operator's must be up to date with their Wisconsin Beverage Server's Certification.**

see <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Copy of Driver's License		Copy of WI Server's Certification		Copy of WI Operators License		Payment Amount		Date PAID	
NEW		RENEWAL		PROVISIONAL					
	Cash   Check   Credit								
				License #				Provision #	
Denied	Y or N	Reason for Denial:							
Approved	Y or N	DATE Denied:							