

TOWN OF WASHINGTON
---Shawano County---
“Town of Vacation and Dairyland”

Application for an “Operator’s” License Town of Washington, WI

To serve fermented Malt Beverages and Intoxicating Liquors

I, the undersigned, do hereby respectfully make application to the local governing body of the Town of Washington, County of Shawano, Wisconsin for a License to serve, from the date hereof to June 30th, 2027, inclusive (unless sooner revoked), Fermented Malt beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin State Statutes and all acts amendatory thereto and supplementary thereto, and hereby agree to comply with all laws, resolutions, 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 questions fully and completely.

Name of Applicant _____ Is application **New or a Renewal?**

Address of Applicant _____

I certify that I am ____ years of age. Date of Birth ____/____/____

Driver’s License Number and Expiration Date: _____

Place of Employment: _____ Social Security Number: ____/____/____

If renewal, within the past 2 years have you held a Class A, Class B, Class C License or permit or a manager’s or operator’s license, where was the privilege obtained? _____

As required by the WI Statutes Section 125.17(6), have you completed the responsible beverage training course? **Yes or No. If yes please attach a copy of the certificate.** If no you will need to complete the training prior to a license issuance. Date of certificate: _____

Have you ever been convicted of any **felony**, relating to alcoholic beverages and or drug violation of any federal laws, any Wisconsin laws or any other states or ordinances of any municipality? **Yes or No**
(If yes, give law or ordinance violated, trial date and penalty imposed, and/or date, description and status of charges pending.) If more room is needed please continue on reverse side of the form.

Have you ever been convicted of a **misdemeanor**, relating to alcoholic beverages and or drug violation of any federal laws, any Wisconsin laws or any other states or ordinances of any municipality? **Yes or No**
(If yes, give law or ordinance violated, trial date and penalty imposed, and/or date, description and status of charges pending.) If more room is needed please continue on reverse side of the form.

Are there any charges presently pending against you (alcoholic beverages and/or drugs) for violation of any federal law, any Wisconsin laws, any laws of any other states or ordinances of any municipality? **Yes or No**
If yes, describe status of charges pending. _____

Have you ever been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? **Yes or No** Nature of violation. _____

Have you ever been convicted of any other felony or misdemeanor not related to alcoholic beverage and/or drug use? If yes, please explain. _____

Signature of Applicant _____ Current Date ____/____/____

Signature of Town of Washington – Clerk _____ Date ____/____/____

Approved or Denied
