

2017- 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

(Operator’s License Application)

Town of Stockton, Portage County, Wisconsin

To the Town Board of the Town of Stockton, Portage County, Wisconsin:

I hereby apply for a License to serve, from **July 1, 2017 to June 30, 2018**, inclusive of (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 Statutes, and all acts amendatory hereof 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. I understand that failure to comply with such laws, resolutions, ordinances, and regulations shall be cause for automatic revocation of the Operator’s License issued by the Town of Stockton.

There is a \$20.00 charge for all Operator Licenses which must be paid prior to the application being reviewed and/or acted upon. The State of Wisconsin also imposes a 15-day mandatory waiting period for applications to be presented to the Town Board.

I certify that I am _____ years of age and that I am not a repeat offender according to Wis. Stats. 939.62 (2).

Date of Birth _____

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant _____

Address of Applicant (street address or PO Box, City, State & Zip Code) _____

Driver’s License Number _____

Have you ever been convicted or do you have any convictions pending for any felony or for violating any law of the State of Wisconsin or the United States? _____

Date of such conviction or pending conviction _____

Name of Court _____

Nature of Offense _____

Have you ever been convicted or do you have any convictions pending for violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? _____

Date of such conviction or pending conviction _____

Name of Court _____

Nature of Offense _____

The Police Authorization Form, located on the reverse side of this application, must be completed by all applicants

STATE OF WISCONSIN, COUNTY OF PORTAGE

_____, being first duly sworn on oath says that he/she is the person who made and signed the foregoing Operator License application and attached Police Authorization form, and that all the statements made by the applicant are true.

Subscribed and sworn to before me this _____ day

Applicant Sign Here

Of _____, 2017

Signature of Notary Public

Notary Public _____ County, Wisconsin

My commission expires on _____

Police Authorization Form

I authorize any law enforcement agency to release to the Town of Stockton, Portage County, Wisconsin, any criminal history that I may have. This authorization is in conjunction with my application for an Operator's License.

Signed: _____

Dated: _____

Please complete:

Name: _____
(Last) (First) (Middle) (Maiden)

Alias: _____

Date of Birth: _____

Current Address (Include street address or PO Box, City, State and Zip Code)

Phone: _____

For Office Use Only

Paid \$_____ fee with check number _____

Dated _____

Date rec'd by clerk: _____

Date reported to Town Board: _____

Date License granted: _____

Date License issued: _____

License Number: _____

(Signature of Clerk)