

# APPLICATION FOR LICENSE TO SERVE FERMENTED MALTED BEVERAGES AND INTOXICATING LIQUORS

To the Town Board of the Town of Oconomowoc, County of Waukesha:

I hereby apply for a License to serve, from date hereof to June 30, 2024, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125 of Wisconsin Statutes and local Ordinances and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulation, 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. PLEASE PRINT

Name of Applicant \_\_\_\_\_  
First Middle Last

STREET ADDRESS of Applicant \_\_\_\_\_  
Street City State, Zip

MAILING ADDRESS (if different) \_\_\_\_\_  
Street City State, Zip

Phone Number (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Driver's License # \_\_\_\_\_ I certify that I am \_\_\_\_\_ years of age  
 (Social Security number if no D/L)

Have you ever been convicted of or violated any license law or ordinance regulating the sale of beverages or intoxicating liquors? Yes \_\_\_\_\_ No \_\_\_\_\_ (if Yes, describe) \_\_\_\_\_

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Have you ever been convicted of violating any law of the State of Wisconsin? (including traffic) Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, describe) \_\_\_\_\_

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Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, describe) \_\_\_\_\_

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Date of such conviction \_\_\_\_\_ Name of Court \_\_\_\_\_

Establishment you will work at in the Town of Oconomowoc \_\_\_\_\_

Establishment's Phone Number (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Have you previously held an Operator's License in the Town? Yes \_\_\_ No \_\_\_\_\_. If yes, date of expiration June 30, 20\_\_\_\_\_.

I, \_\_\_\_\_, being first duly sworn on oath say that I am the person who made and signed the foregoing application for an operator's license; that all the statements made are true.

**X** \_\_\_\_\_, 20\_\_\_\_\_  
 (Signature of Applicant) (Date)

**Subscribed and sworn before me this**  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Notary Public, Waukesha County, WI

- \*\*FEE IS NON-REFUNDABLE\*\***
- \_\_\_\_\_ New \$50 (school cert. attached)
  - \_\_\_\_\_ Renewal (expired) \$40
  - \_\_\_\_\_ Renewal (current license) \$35
  - \_\_\_\_\_ Provisional \$15
  - \_\_\_\_\_ Temporary \$5

Previous License Check: \_\_\_\_\_

Photo Required: \_\_\_\_\_  
 Photo Verification: \_\_\_\_\_ **MAIL OR PICK-UP**

Police Chief Approval \_\_\_\_\_