

Application for an "Operator's" License

Town Of Lyndon, State of Wisconsin for 20____ to Serve Fermented Malt Beverages and Intoxicating Liquors.

Applicant Name _____
Last First Middle Maiden

Age _____ Date of Birth ____/____/____ Is application: new or a renewal?
Circle one

Home address _____

City _____ State _____ Zip Code _____

Home Phone _____ Have you ever been convicted of a felony? Yes or No

Have you ever been convicted of a misdemeanor? Yes or No (if yes, please list below)
Any missing information may lead to denial of license.

Date	Offense	Location	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of an ordinance or traffic violation? Yes or No (if yes, please list below)
Any missing information may lead to denial of license.

Date	Offense	Location	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous addresses that you resided at in the past 5 years, if any.

Have you ever lived outside of the State of Wisconsin? Yes or No (if yes, where and when?)

Have you ever used any alias names in the past? Yes or No (if yes, please indicate below)

Have you ever worked for any other employer that required an operator's license? (if yes, please list below)

(Over)

As required by WI Statute (125.17 (6), have you completed the alcohol awareness course? Yes or No

If so, where? (please attach a copy) _____

I, the undersigned, do hereby respectfully make applications to the Town of Lyndon, County of Sheboygan, Wisconsin for a license to serve, from hereof to June 30, 20____, 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 Statutes and all acts amendatory thereof and supplementary thereto, and hereby comply with all laws, resolutions, ordinances and regulations, Federal Statutes, or Local, affecting the sale of such beverages and liquors if a licensed is granted. **I further agree that this application is complete and that any errors or missing information may lead to an automatic denial of the license.**

X _____
Signature of Applicant

Date _____