

APPLICATION FOR OPERATOR'S LICENSE

Request:	<input type="checkbox"/> 1-Year (\$20.00)	<input type="checkbox"/> 2-Year (\$30.00)	<input type="checkbox"/> Provisional	NOTE: FEES ARE NON-REFUNDABLE
----------	---	---	--------------------------------------	--------------------------------------

Applicant Name	First Name	M.I.	Last Name	Former Name or Other Name Known By	
Home Address				City	
Driver's License Number			Date of Birth	State	Zip
Daytime Phone			E-Mail		
Name of Establishment				Establishment Phone Number	

I certify that:

- I have held an operator's, premises or manager's license within the past two years (if in another municipality other than the Town of Barnes, proof is required), have completed the "Responsible Beverage Server's Training Course" (certificate is required) or enrolled in the "Responsible Beverage Server's Training Course" (copy of enrollment receipt is required).
- I am familiar with all laws, resolutions, ordinances and regulation, Federal, State and Local, pertaining to the sale of such beverages and liquors, and if granted said license, do agree with and obey all provisions thereof.
- I am a citizen of the United States.
- I am a resident of the (Village / City / Town) of _____.
- I am _____ years of age.

Have you ever been charged or arrested for a felony? No Yes

If so, state date, nature of offense and location:

Date Nature of Offense Location: City, County and State

Have you been arrested for any other offenses? No Yes

If so, state date, nature of offense and location:

Date Nature of Offense Location: City, County and State

I do hereby make application for an operator's license from the date hereof to June 30, 2019, if for a one year license or June 30, 2020 for a two year license inclusive, (unless sooner revoked) to dispense alcoholic beverages on premises requiring a retail Class "A", "Class A", Class "B", or "Class B" license, all subject to provisions of and limitations imposed by Chapter 125 of the Wisconsin Statutes.

I further certify that the statements in the foregoing application subscribed by me are true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

Clerk's Signature _____

Receipt #	License # (New/Renewal)	License # (Provisional)	License # (Temporary)
Disposition of Investigative Check			