

APPLICATION FOR AN "OPERATOR'S" LICENSE

TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

SURING, WISCONSIN -- _____, 200_

VILLAGE OF SURING

I, the undersigned, do hereby respectfully make application to the local governing body of the Village of Suring, Oconto County, Wisconsin, for a license to serve, from date hereof to JUNE 30, _____, 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 the supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State and Local, affected the sale of such beverages and liquors if a license be granted to me.

I certify that I am _____ years of age. Date of Birth: _____ Soc. Sec. # _____
Driver's License # _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Name/Address of Applicant:

(First) (Middle Initial) (Last)

(Street/Road) (City) (State) (Zip)
Phone # _____

2. Is application new or renewal? _____

a. If renewal (within the past 2 years held a Class "A", "CLASS A", "Class C", Class "B" or "CLASS B" license or permit or a manager's or operator's license), WHERE was the privilege obtained?

(City, Town, Village) _____

3. As required by Wis. Statutes, Section 125.18(6), have you completed the alcohol awareness course? _____

a. If so, where? _____
(attach copy of card)

4. Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? _____

a. If yes, Date of such conviction: _____

b. Name of Court: _____

c. Nature of Offense: _____

5. Have you been convicted of violating any license law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors? _____

a. If yes, nature of violation: _____

STATE OF WISCONSIN) ss.
OCONTO COUNTY)

_____, being first duly sworn on oath says that (s)he is the person who made and signed the foregoing application for an operator's license, that all the statements made by the applicant are true.

X _____
Applicant sign here

Subscribed and sworn to before me this _____
date of _____, 200_.

Notary Public, Oconto County, Wisconsin

OFFICE SPACE -

Criminal Check made on _____, 20__, by _____

Record is Clear: Yes / No